



Paid Parental Leave & Maternal Birth Leave Form

Benefits and Leave Administration • 437 Old Peachtree Road, NW, Suwanee GA 30024-2978
Leave@gcpsk12.org • Fax: 678-301-6111

Employee Name: _____

Employee ID: _____

Select one: ____ Birth ____ Adoption ____ Placement

Date of event: _____

Paid Parental Leave (PPL): GCPS employees may be eligible for PPL for qualifying life events. Employees must have worked six continuous months in a board-approved position and worked 700 hours within the timeframe. The maximum amount of PPL that may be taken by an eligible employee during a rolling 12-month period is 240 hours (30 workdays), regardless of the number of qualifying events that occur within such period. PPL may be used in increments or blocks of time and must be used within 12 months of the qualifying event.

I understand that verification/certification from a certified healthcare provider or facility, the Division of Family & Children Services (DFCS), and/or an attorney addressing my reason for the leave request must be submitted to the Division of Human Resources. Recommended documents include:

- **Birth of a Newborn:** Certification, note, or documentation from a licensed healthcare provider, or official evidence of birth (such as a hospital birth verification or birth certificate).
- **Adoption Placement:** Official legal or court documentation substantiating the adoption process or placement of a minor child.
- **Foster Care Placement:** Official placement paperwork or legal/court documents from the state or a recognized child placement agency.

I understand that falsification of information may lead to disciplinary actions, up to and including termination of employment.

How would you like to use your PPL? (Select only one option)

Note: You may only use sick leave for 6 weeks following birth/adoption/placement.

- ☐ 1. Use PPL after accrued leave. I would like to use ____ days of PPL (max 30 days) during my leave.
- ☐ 2. Use ____ days of sick time and ____ days of PPL.
- ☐ 3. Use PPL only while on leave of absence.
- ☐ 4. You can save your PPL for when you return to work and use it as needed during the 12 months following the event date.

Maternal Birth Leave (MBL): Employees in a board-approved position may be eligible to receive up to 15 workdays of MBL in addition to PPL. To be eligible, an employee must have been employed for six continuous months and worked a minimum of 700 hours within the preceding six months of the requested leave. MBL may be taken immediately following the birth of a child to recuperate from the birth. If the employee is off-contract or it is not a workday during the three-week period immediately following the birth, the employee forfeits that portion of the maternal birth leave. Sick leave **may not** be used while on paid MBL.

- ☐ I am requesting MBL immediately following birth.
 - ☐ 1. Apply PPL after MBL and no sick time is being used.
 - ☐ 2. Use PPL after MBL and accrued leave. I would like to use ____ days of PPL (max 30 days) during my leave.

This form and supporting documentation must be submitted together for the request to be reviewed. Submit your completed form and supporting documentation to Leave@gcpsk12.org or fax to 678-301-6111. All correspondence regarding the time requested will be communicated electronically.

Employee Signature: _____

Date: _____