Clayton County Public Schools

FAMILY AND MEDICAL LEAVE REQUEST FORM

FEDERAL FML / GEORGIA PAID PARENTAL LEAVE (PPL) / GEORGIA PAID MATERNAL BIRTH LEAVE

Use this form to request Family and Medical Leave (FML), Georgia Paid Parental Leave (PPL), and/or Georgia Paid Maternal Birth Leave. Submit the completed form to the CCPS Division of Human Resources – Federal Leave Section by email to **FamMedLeave@clayton.k12.ga.us** or deliver to 1058 Fifth Avenue, Jonesboro, GA 30236. Submitting this form does not guarantee approval of leave. Eligibility will be determined in accordance with applicable federal and state law and CCPS policies. **Use of FML is limited to absences exceeding ten (10) workdays.**

SECTION 1 – EMPLOYEE INFORMATION

Employee ID: _____ First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: GA Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Personal Email Address (for leave correspondence only): _____ @ _____

School/Department: _____ Position: _____

Employee's Supervisor/Manager (for notification purposes only): _____ Phone: _____

SECTION 2 – LEAVE TYPE REQUESTED

☐ Federal Family and Medical Leave (FML) ☐ Georgia Paid Parental Leave (PPL) ☐ Georgia Paid Maternal Birth Leave

SECTION 3 – LEAVE DETAILS

3A. REQUESTED LEAVE SCHEDULE

☐ Continuous Leave (full days/weeks)

☐ Intermittent Leave (separate blocks of time)

Requested Leave Dates (if known):

Beginning Date: _____ (mm/dd/yyyy)

Ending Date: _____ (mm/dd/yyyy)

Anticipated Return to Work Date:

_____

If the dates are not known, provide the best estimate. You must update the Federal Leave Unit if your dates change.

3B. REASON FOR LEAVE (Select all that apply)

☐ Employee's own serious health condition

☐ Care for a spouse, child, or parent with a serious health condition

Name of Spouse/Child/Parent: _____

Age (if dependent minor): _____

☐ Birth of a child and/or bonding

☐ Placement of a child for adoption or foster care and/or bonding

☐ Military caregiver leave

☐ Living organ/bone marrow donation

☐ Georgia Paid Parental Leave (PPL) – birth, adoption, or foster placement

☐ Georgia Paid Maternal Birth Leave

If applicable, please provide the expected date of birth, adoption, or foster placement:

_____ (mm/dd/yyyy) (**documentation required**)

SECTION 4A – GEORGIA PAID PARENTAL LEAVE (PPL) INFORMATION (IF APPLICABLE)

Eligible full-time employees of Clayton County Public Schools may receive up to 6 weeks of leave during a rolling 12-month period, subject to Georgia law and CCPS policy. PPL may be taken as needed, including in increments of less than eight (8) hours, and must be used within 12 months of the qualifying life event.

Requested PPL Dates/Hours: Beginning Date: _____ (mm/dd/yyyy) Ending Date: _____(mm/dd/yyyy)

Total Hours Requested (if known): _____

SECTION 4B – GEORGIA PAID MATERNAL BIRTH LEAVE (IF APPLICABLE)

Eligible full-time employees who give birth and meet Georgia eligibility requirements may receive up to 3 weeks of leave for recovery following childbirth. The leave must be used during the three weeks immediately following birth and must precede Georgia Paid Parental Leave, unless otherwise required by law or CCPS policy.

Requested Leave Dates/Hours: Beginning Date: _____ (mm/dd/yyyy) Ending Date: _____ (mm/dd/yyyy)

Total Hours Requested (if known): _____

SECTION 5 – EMPLOYEE CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided on this request form is true and complete to the best of my knowledge. I understand that submission of this form does not constitute approval of FML, Georgia Paid Parental Leave, or Georgia Paid Maternal Birth Leave. I understand that additional documentation may be required. I also understand that CCPS will determine my eligibility and notify me of my rights and responsibilities in accordance with applicable federal and state law and CCPS policy.

Employee Signature: _____ Date: _____ (mm/dd/yyyy)

SECTION 6 – SUPERVISOR ACKNOWLEDGMENT (FOR NOTIFICATION PURPOSES ONLY)

Supervisor acknowledgment does not represent approval or denial of FML, PPL, or Georgia Paid Maternal Birth Leave.

Supervisor Signature: _____ Date Notified: _____ (mm/dd/yyyy)

IMPORTANT INFORMATION

- Submit this form as soon as you know leave may be needed.
- You will be notified of your eligibility and any additional documentation required.
- Separate medical certification forms.
- Keep your supervisor informed of your work status in accordance with CCPS policy.
- Contact the Federal Leave Unit with any questions at **FamMedLeave@clayton.k12.ga.us** or 770-473-2700.

CONFIDENTIALITY AND NON-RETALIATION NOTICE

Information and documentation submitted in connection with an FML or medical leave request will be maintained as confidential medical information, separate from regular personnel records, in accordance with applicable law. CCPS prohibits interference, discrimination, or retaliation against employees for requesting or exercising rights under the FMLA.