

Paid Parental Leave Request

Section I: Employee Information

Employee Name: _____ Employee A#: _____
Employee Title: _____ Department: _____
Employee E-Mail Address: _____ Employee Phone: Work _____ Cell _____

Section II: Parental Leave Information

In agreement with the Paid Parental Leave policy ([5:034](#)) I certify that I meet the following eligibility requirements:

- I am the biological parent or adoptive parent.
- I will have been employed by the Austin Peay State University in a regular position for at least 12 months prior to the birth or adoption of the child.

Requested Parental Leave Dates: First Day of Leave: _____ Last Day of Leave _____
_____ Birth (Expected Date of Birth: _____) _____ Adoption (Expected Date of Adoption: _____)

_____ I plan to take Paid Parental Leave in 6 consecutive weeks (225 hours) within 12 months of the birth/adoption of the child.

_____ I plan to take up to 6 weeks (225 hours) of leave on an intermittent or reduced schedule basis within 12 months of the birth/adoption of the child. I have reviewed this intermittent/reduced schedule with my supervisor.

Section III: Employee Certification

I understand that within 30 days of the birth or adoption of the child, I must provide the Office of Human Resources with a copy of the child's birth certificate or official documentation of adoption in addition to the FMLA Leave Request form, as applicable.

Additionally, I understand and agree that in the event I do not return to work for at least 90 days following the use of Paid Parental Leave, I must reimburse Austin Peay State University for the salary I received during the period of Paid Parental Leave, unless I have been employed by the University in a regular position for a minimum of five consecutive years, or I am unable to return to work due to a personal medical condition or a medical condition of the child (subject to medical documentation).

Employee Signature: _____ Date: _____

Section IV: Acknowledgement

The department has been made aware of this Paid Parental Leave request.

Chairperson/Department Head Name: _____ E-Mail: _____
Chairperson/Department Head Signature: _____ Date: _____

Section V: Human Resources Eligibility

The employee _____ **meets** _____ **does not meet** the eligibility criteria.

Human Resources Reviewer Signature: _____ Date: _____