



REQUEST FOR PAID PARENTAL LEAVE (PPL)

Identifying Information

Employee Name (*Last, First, MI*)

Phone Numbers (*Personal and Work*) E-Mail Addresses (*Personal and Work*)

Name of Organization (*Agency, Office, Division, Branch, etc.*)

Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave

Reason FMLA leave is being requested
 Birth of a Child Placement for Adoption Foster Care Placement

	Anticipated	Actual
Date of Birth or Placement		
Date Use of PPL Begins		
Date Use of PPL Concludes		
Date of Planned Return to Duty <i>(after use of other types of leave)</i>		

Reason FMLA leave is being requested
 Continuous Use Intermittent Use*

*Reason(s) intermittent leave is being requested.

*Describe plans for using PPL on an intermittent basis.

Employee Certifications (*initial each box*)

I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.

I will provide documentation to support this request, as directed by my agency.

I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that my agency could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation).

If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.

I attest that I am entering into the required work obligation agreement.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

Employee Signature Date (*mm-dd-yyyy*)

Supervisor Approval

Supervisor Signature Date (*mm-dd-yyyy*)



U.S. Department of State

PAID PARENTAL LEAVE (PPL) REQUEST

Privacy Act Statement	
AUTHORITY	Collection of this information is authorized by 5 U.S.C. §6381 – 6387, 5 C.F.R. §630.1201 – 1211, and 5 C.F.R. §890.502.
PURPOSE	The purpose of gathering this information is for management, human resources, and payroll officials to approve and record your use of leave under the Family and Medical Leave Act of 1993 pursuant to 5 C.F.R. §630.1201 – 1211.
ROUTINE USES	The information on this form may be shared with the Office of Personnel Management when the information is required for evaluation of leave administration. More information on the Routine Uses for the system can be found in the System of Records Notice STATE - 31, Human Resources Records.
DISCLOSURE	Disclosure of this information is voluntary. However, failure to provide the information requested on this form may result in delays in processing, or disapproval, of your request for leave under the Family and Medical Leave Act of 1993.