

<b>Paid Parental Leave (PPL) Request Form</b>		
<b>Identifying Information</b>		
Employee name		
Phone numbers (personal and work)	Email addresses (personal and work)	
Name of organization (agency, office, division, branch, etc.)		
<b>Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave</b>		
Reason FMLA leave is being requested:		
<input type="checkbox"/> Birth of a child <input type="checkbox"/> Placement for adoption <input type="checkbox"/> 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 (after use of other types of leave)		
Requested method of using PPL:	<input type="checkbox"/> Continuous use <input type="checkbox"/> Intermittent use*	
*Reason(s) intermittent leave is being requested:		
*Describe plans for using PPL on an intermittent basis:		
<b>Employee Certifications (initial each box)</b>		
<input type="checkbox"/> 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.		
<input type="checkbox"/> I will provide documentation to support this request, as directed by my agency.		
<input type="checkbox"/> 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).		
<input type="checkbox"/> If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.		
<input type="checkbox"/> I attest that I am entering into the required work obligation agreement.		
<input type="checkbox"/> I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.		
Employee's signature	Date	