



Request for Georgia Paid Parental Leave

Butts County School System- Human Resources Department Phone:
770-504-2300 Fax: 770-504-2305

Employee Information

| | | | |
|------------|-----------|------------------------|--|
| Name: | | Last 4 digits of SS #: | |
| Position: | | Location: | |
| Hire date: | Contact#: | Secondary Contact #: | |

If you are married, is your spouse employed by Butts County School System? ☐ Yes ☐ No If yes, last 4 digits of spouse SS#: _____

Type of Leave Request

Reason for leave (check the reason that applies below):

- ☐ Birth of child
☐ Placement of a minor child for adoption
☐ Placement of a minor child for foster care

Amount of Leave Requesting

I am requesting the GA Paid Parental Leave (GPPL) be granted for the following period of time:

| | |
|--------------------|----------------------------------|
| Date Leave Begins: | Date Leave Ends: |
| Last Date Worked: | Anticipated Return to Work Date: |

Are you requesting increments leave? ☐ Yes ☐ No

Have you taken a leave of absence under this policy during the preceding 12 months? ☐ Yes ☐ No

If yes, provide date from: _____ date to: _____ Reason for leave: _____

Acknowledgement

I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services organization addressing my reason for the leave request must be submitted to the Human Resources Department. I also understand that the certification must include the following:

1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care
2. The beginning and estimated ending date of employee's need for leave
3. Health care provider's signature AND/OR Department of Family & Children Services Case Manager/Authorized Official

I understand that according to the Butts County Board of Education Policies an employee must use any accrued sick/personal and vacation leave before beginning unpaid leave. Also, I understand that this leave will be counted against my annual Georgia Paid Parental leave entitlement.

I have read the Georgia Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAPPL leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.

| | |
|---------------------------------|-------|
| Employee's Signature: | Date: |
| Principal/Supervisor Signature: | Date: |

Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.