Office of Human Resources Benefits Department



P.O. Box 5407 Valdosta, GA 31603-5407 (229) 333-8500

## **Paid Parental Leave Request**

Employee Name:	Employee Title:	ID#:
Employee Phone #:	School/Department:	Supervisor
Employee Fholie #.	School/Department.	Supervisor.
a maximum of 30 days of pa Board Policy GARHB: Paid	id parental leave to eligible employ Parental Leave.	mployees, Valdosta City Schools provides up to ees for qualifying life events. Policy Reference: ntermittent $\square$ basis for the following dates:
Begin Date	End Date	
Based on the following qua	alifying event:	
☐ Birth of my child		
☐ Placement of an eligible of	child with me for Adoption	
•	child with me for Foster Care	
By my signature on this fo	rm, I attest to the following:	
and have six continuous mor unpaid leave under federal la	nths of employment with the Board,	and am eligible to participate in TRS or PSERS regardless of whether I am eligible for paid or I must have worked a minimum of 700 hours paid parental leave date.
I understand that any unused 12 months after the qualifying	•	expire (and will no longer be available for use)
I also understand that paid p federal Family and Medical	•	leave for which I may be eligible under the
	o not meet the eligibility requirement motified, I should follow up with my	ts, I will be notified by Human Resources within Human Resources department.
I understand my unused paid employment with the Board		alue at any time of my separation from
Required supporting docume	entation of the qualifying event mus	t be attached to this form.
Signature of Employee		Date
Signature of Human Resour	ces Director	Date
Approved Denied		
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