DEPARTMENT OF EMPLOYEE RELATIONS

October 22, 2026

Paid Parental Leave Payroll Form

Please complete form for your paid parental leave and submit to your departmental leave administrator. If using leave intermittently, please submit a new form for each pay period in which you use paid parental leave.

EMPLOYEE INFORMATION	
Name:	PeopleSoft ID #:
Department:	Home E-Mail:
Division:	Work E-Mail:
Job Title:	Mobile Phone: ( )
	Home Phone: ( )

REASON FOR LEAVE
☐ Birth of a child – six (6) weeks of leave
☐ Birth of a child and employee is birthing parent with a serious health condition/period of incapacity related to pregnancy and childbirth – up to 10 total weeks of leave
☐ Placement of child under five (5) years of age for adoption, foster care, guardianship or *in loco parentis* placement – six (6) weeks of leave
☐ Stillbirth after 20 weeks of pregnancy – six (6) weeks of leave, employee is birthing parent
☐ Miscarriage or stillbirth prior to 20 weeks of pregnancy, employee is birthing parent – up to two (2) weeks of leave

DATES OF LEAVE

		FMLA Qualifying 2PL	***Non-FMLA PPL***
List the Date/Month/Year	**From:**		
	To:		
Total Hours:			

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave may result in denial of the leave and disciplinary action up to and including discharge:

Employee Signature *Date*

☐ Reviewed by FMLA Administrator on _____

☐ Reviewed by Supervisor on _____

☐ Payroll File