



PAID PARENTAL LEAVE EMPLOYEE REQUEST AND ACKNOWLEDGEMENT FORM

Employee Name (Print): _____ Employee ID: _____

Department: _____

Email: _____ Phone: _____

	Anticipated	Actual
Date of birth or placement of child:		
Date PPL begins:		
Date PPL concludes:		

Requested method of using PPL: Continuous use Intermittent use*

*Describe plans for using PPL on an intermittent basis: _____

I certify that the information provided is true and correct and confirm that the Paid Parental Leave is being taken to bond with my newborn, adopted child or foster-to-adopt child (17 years of age or younger) that is a newly added member of my household. I understand that if I have falsified any information related to my Paid Parental Leave Request or violated any of the Paid Parental Leave requirements, it may lead to disciplinary action, including termination of my employment.

I understand that while taking Paid Parental Leave or Infant Sick Leave, I am required to follow my department's call-in procedures. I will notify my department's human resources and the County's Leave Administrator if and when there are changes to the circumstances of my leave and provide an updated medical certification, as required. I understand that my supervisor or human resources may contact me during my leave period to verify my status and obtain updates as to my estimated date of return to work.

I understand that the request for Paid Parental Leave must include appropriate documentation as specified in the Harris County Paid Parental Leave Policy. I understand that this documentation should be submitted as soon as it becomes available and within thirty (30) days of the birth, adoption or placement. I understand that if I fail to provide my Department Head with the required documentation within the specified time period, my Department Head may determine that I am not entitled to Paid Parental Leave and may require that the absence be charged to leave without pay or other forms of paid time off, as appropriate.

I understand that the Paid Parental Leave is a supplement for my existing sick and vacation leave at the time of the qualifying event (birth, adoption/placement) and will run concurrently with my FMLA leave to the fullest extent possible. I also recognize that my Paid Parental Leave must be used within 12 months from the date of the qualifying event.

I understand that Harris County will provide eligible employees up to 40 hours of Infant Sick Leave to seek medical care for their infants during the infant's first year. I understand that an employee will not receive more than the maximum allotted amount of Infant Sick Leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or foster-to-adopt placement event occurs within that 12-month time frame. I understand that the Infant Sick Leave expires a year after the birth and also applies to adopted and foster-to-adopt placement infants. I also understand that if I am eligible, I must provide medical documentation to support the need to use Infant Sick Leave.

I acknowledge that I have received my copy of the Paid Parental Leave ("PPL") Policy effective March 1, 2022, and that it is my responsibility to read and comply with the policies and procedures in this Policy and any revisions made to it.

I understand and agree that if I do not return to work for at least 180 days of continuous service following receipt of PPL, Harris County may recover the PPL funds received upon my separation from Harris County.

If Harris County determines that I failed to return to work for at least 180 days of continuous service after receiving PPL, ***I understand, agree to, and do hereby request that Harris County deduct from my wages, including from final payment for any accrued compensable time or vacation, an amount equal to the total pay I actually received pursuant to the PPL Policy, not to exceed _____ (total wages rate x 480 hours) in repayment for PPL.*** If it is determined that repayment of PPL is required, I further authorize Harris County at its discretion to determine whether to first substitute any eligible accrued leave before deducting from wages.

Employee Signature: _____ Date: _____

Department Head or
Designee Signature: _____ Date: _____