



PAID PARENTAL LEAVE EMPLOYEE REQUEST AND ACKNOWLEDGEMENT FORM

SUPPORTING DOCUMENTS MUST BE PROVIDED WITHIN 30 DAYS OF BIRTH, ADOPTION, OR PLACEMENT

Employee Name (Print): _____ Employee ID: _____

Department: _____

Email: _____ Phone: _____

Reason PPL is being requested:		
Birth	Adoption	Foster Care Placement
Anticipated		Actual
Date of Birth or Placement		
Date Use of PPL Begins		
Date Use of PPL Concludes		
Requested PPL Use:		
Continuous Use		
Intermittent Use*		
*Describe plans for using PPL on an intermittent basis:		
Employee Certifications <i>(initial each box)</i>		
I acknowledge that I have received my copy of the Paid Parental Leave ("PPL") Policy effective March 12, 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 attest that PPL is being taken because of the birth or adoption of my child or because of foster-to-adopt placement of a child with me and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.		
I will provide signed documentation to support this request to my department and the County's Leave Administrator, within thirty (30) days of the birth, adoption or placement.		
I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that Harris County could pursue appropriate disciplinary action).		
If I provided an anticipated date of birth or placement, I will notify my department as soon as practicable of the actual date, but no later than seven (7) days after the birth or placement.		
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.		

Employee Certifications (initial each box)

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 representative 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 department's human resources representative 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 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 and must be approved by my department head.

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 understand and agree that if I do not return to work as a full-time, regular position employee, 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 as required, 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 not to exceed the total pay I actually received pursuant to the PPL Policy. 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 and/or accrued.

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, I may be required to reimburse the County for any PPL that I had received and it may lead to disciplinary action, including termination of my employment.

All signatures below must be wet or electronically signed using Adobe Acrobat Digital ID, or DocuSign.

Employee Signature: _____ Date: _____

Department Head or

Designee Signature: _____ Date: _____

HRRM Signature: _____ Date: _____