

City of New Orleans Paid Parental Leave (PPL) Request Form

Identifying Information

Employee name		Employee ID
Phone number	Email address	
Department		

Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave

Reason FMLA leave is being requested:

	Birth of child	Placement for adoption	Foster care placement
	Anticipated	Actual	
Date of birth or placement			
Date use of PPL begins			
Date use of PPL concludes			
Date of planned return to duty			

Requested method of using PPL: Continuous use Intermittent use*

*If intermittent use of PPL is requested, please attach a document that (1) states the reasons that intermittent leave is being requested and (2) describes the employee's plans for intermittent use of PPL.

Employee Certifications (initial each box)

<input type="checkbox"/>	I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.
<input type="checkbox"/>	I will provide documentation to support this request, as directed by my Appointing Authority.
<input type="checkbox"/>	I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that the City of New Orleans could pursue appropriate disciplinary action, up to and including termination of employment).
<input type="checkbox"/>	If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.
<input type="checkbox"/>	I attest that I am entering into the required work obligation agreement.
<input type="checkbox"/>	I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

Employee Signature	Date
To be completed by Human Resources Manager:	
I have reviewed the requesting employee's FMLA leave balance and the requesting employee has _____ of FMLA Leave available for use in connection with the birth or placement of a child	
Human Resources Manager Signature	Date
To be completed by Appointing Authority (or designee) if employee is requesting intermittent use of PPL:	
The employee's request for intermittent use of PPL is : Approved Not Approved N/A	
Appointing Authority Signature	Date