



Request for Georgia Paid Parental Leave

Richmond County School System- Human Resources Department

Phone: 706-826-1104 Fax: 706-826-4622

Employee Information			
Name:		Last 4 digits of SS #:	
Position:		Location:	
Hire date:	Contact#:	Secondary Contact #:	
If you are married, is your spouse employed by Richmond County School System? Yes No			
If yes, last 4 digits of spouse SS#: _____			
Type of Leave Request			
Reason for leave (check the reason that applies below): Birth of child Placement of a minor child for adoption Placement of a minor child for foster care			
Amount of Leave Requesting			
I am requesting the GA Paid Parental Leave (GPPL) be granted for the following period of time:			
Date Leave Begins:		Date Leave Ends:	
Last Date Worked:		Anticipated Return to Work Date:	
Are you requesting increments leave? Yes No			
Have you taken a leave of absence under this policy during the preceding 12 months? Yes No			
If yes, provide date from: _____ date to: _____ Reason for leave: _____			
Acknowledgement			
<p>I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services organization addressing my reason for the leave request must be submitted to the Human Resources Department within 30 days. I also understand that the certification must include the following:</p> <ol style="list-style-type: none">1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care2. The beginning and estimated ending date of employee's need for leave3. Health care provider's signature AND/OR Department of Family & Children Services Case Manager/Authorized Official <p>I understand that according to the Richmond County Board of Education Policies an employee must use any accrued sick/personal and vacation leave before beginning unpaid leave. Also, I understand that this leave will be counted against my annual Georgia Paid Parental leave entitlement.</p> <p>I have read the Georgia Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAPPL leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.</p> <p>I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.</p>			
Employee's Signature:		Date:	
Principal/Supervisor Signature:		Date:	
Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.			