



PAID PARENTAL LEAVE EMPLOYEE REQUEST AND ACKNOWLEDGEMENT FORM

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

Employee Name (Print): _____ Employee ID: _____

Department: _____

Email: _____ Phone: _____

Please submit request and all supporting documents to: FBCHRLeaves@fortbendcountytx.gov

Reason PPL is being requested: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Placement of a Child for Adoption		
	Anticipated	Actual
Date of Birth, Adoption or Placement		
Date Use of PPL Begins		
Date Use of PPL Concludes		
Requested PPL Use: <input type="checkbox"/> Continuous Use <input type="checkbox"/> 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 January 23, 2024, 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, adoption, or placement of a child for adoption and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the _____ child OR as the result of a miscarriage, stillbirth, or related medical condition as a prospective parent.		
I understand that employees are not allowed to engage in any employment during the time the employee _____ is taking PPL.		
I will provide signed documentation to support this request to the County's Human Resources Leave _____ Administrator within thirty (30) days of the birth, adoption or placement of a child for adoption.		
I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that _____ Fort Bend County could pursue appropriate disciplinary action).		
If I provided an anticipated date of birth, adoption or placement of a child for adoption, I will notify my department and Human Resources Leave Administrator as soon as practicable of the actual date, but no _____ later than seven (7) days after the birth, adoption or placement of a child for adoption.		
I certify that the information provided is true and correct and confirm that the PPL is being taken to bond with my newborn, adopted child or child who is pending an adoption (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 PPL Request or violated any of the PPL requirements, it may lead to disciplinary action, including _____ termination of my employment.		

Employee Certifications *(initial each box)*

_____ **I understand that employees out on Workers' Compensation or Leave of Absence are not eligible for PPL.**

_____ I understand that the PPL is a supplement for my existing sick and vacation leave at the time of the qualifying event (birth, adoption or placement of a child for adoption) and will run concurrently with my FMLA leave to the fullest extent possible. I also recognize that my PPL must be used within 12 months from the date of the qualifying event and must be approved by my department head.

_____ I understand that while taking PPL, I am required to follow my department's call-in procedures. I will notify Human Resources 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 Leave Administrator may contact me during my leave period to verify my status and obtain updates as to my estimated date of return to work.

_____ If Fort Bend County determines that I failed to return to work as required, I understand, agree to, and do hereby request that Fort Bend 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 Fort Bend County at its discretion to determine whether to first substitute any eligible accrued leave before deducting from wages and/or accrued.

_____ **I understand and agree that if I do not return to work as a full-time, regular position employee, for at least 90 days of continuous service following receipt of PPL, Fort Bend County may recover the PPL funds received upon my separation from Fort Bend County.**

_____ I certify that the information provided is true and correct and confirm that the PPL is being taken to bond with my newborn, adopted child or child who is pending an adoption (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 PPL request or violated any of the PPL requirements, I may be required to reimburse the County for any of the 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: _____

HRSignature: _____

Date: _____

Revised 01/2024