Enclosure 1

Paid Parental Leave (PPL) Request Form		
Identifying Information		
Employee name:		
Phone numbers (personal and work):	Email addresses (person	al and work):
Office Name:	·	
Plans for Substituting Pai	d Parental Leave (PP	L) for FMLA Leave
Reason FMLA leave is being requeste	ed:	
Birth of a Child	Placement for adoptio	n 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 (after use of other types of leave)		
Requested method of using PPL:	Continuous use	Intermittent use*
*Describe plans for using PPL on an in		
I attest that PPL is being to child with me for adoption	aken because of the birth o	f my child or because of placement of a PPL will be used in connection with my h the child.
I will provide documentation	on to support this request, a	s directed by my agency.
possibility that my agency	could pursue appropriate divice, or make a referral to a	providing a false certification (e.g., the sciplinary action, up to and including Federal entity that investigates whether
If I provided an anticipated practicable of the actual da		I will notify my agency as soon as
I attest that I am entering in	nto the required work obliga	ation agreement.
I hereby certify that all stat my knowledge and belief.	ements made in this applica	ation are true and correct to the best of
Employee's signature		Date