



Request for Georgia Paid Parental Leave

Fannin County School System Ph: 706-632-3771 Fax: 706-632-7583

Employee Information		
Name:		Last 4 digits of SS #:
Job/Position:		Work location:
Hire date:	Primary Phone #:	Secondary Phone #:
If you are married, is your spouse employed by the FCSS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, last 4 digits of spouse SS#: _____		
Type of Leave Request		
Eligibility for parental leave: <input type="checkbox"/> Birth of a child <input type="checkbox"/> Adoption of a minor child <input type="checkbox"/> Foster care placement of a minor child in the home		
Amount of Leave Requesting		
I am requesting the GA Paid Parental Leave be granted for the following period of time:		
Projected starting date for leave:		Projected ending date for leave:
Projected last working day:		Anticipated return to work day:
<p>I understand that verification/certification of my eligibility for paid parental leave must be submitted to my principal/supervisor within 30 days of the date I plan to use the leave. I understand that the verification/certification must be one of the following:</p> <ol style="list-style-type: none"> 1. Birth of a child: Letter from physician stating the due date of the child if this request is prior to the birth; if the request is after the birth of the child, a copy of the child's birth certificate is required to establish eligibility; 2. Adoption of a child: certified adoption papers from the court granting the adoption; 3. Foster child placement: a copy of the placement order from DFCS stating the date of foster care placement and the anticipated length of the placement. <p>I understand that parental leave can be-taken on an intermittent basis if I choose.</p> <p>I have read and understand the Fannin County Board of Education Policy <i>GARHB</i> and I agree to abide by its requirements. My signature affirms that I have met the requirements for eligibility for Georgia Paid Parental Leave. I understand that falsification of information may lead to disciplinary action, which could include a report to the Georgia Professional Standards Commission (GaPSC) by the district or 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:
This request must be submitted to the Human Resources Department by the employee once signed by principal/supervisor.		