

Paid Parental Leave (PPL) Request

Identifying Information

Employee name	SEID
Telephone numbers Personal	Work
Email addresses Personal	Work
Name of organization (<i>office, division, branch, etc.</i>)	

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

Reason FMLA leave is being requested

Birth of a 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 (<i>after use of other types of leave</i>)		

Are you currently using FMLA for any other purpose

Yes, I have another active FMLA request No, this is my only request

How many hours of PPL do you anticipate using for this request	Did you include the necessary medical certification <input type="checkbox"/> Yes <input type="checkbox"/> No
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Requested method of using PPL

Continuous use Intermittent use*

*Reason(s) intermittent leave is being requested

*Describe plans for using PPL on an intermittent basis

Employee Certifications *(initial each box)*

- 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
- I will provide documentation to support this request, as directed by IRS
- I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that IRS could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation)
- If I provided an anticipated date of birth or placement, I will notify IRS as soon as practicable of the actual date
- I attest that I am entering into the required work obligation agreement and have signed and attached Form 9611-B, Agreement to Complete 12-Week Work Obligation, to this form
- I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief

Employee's signature

Date

Approval *(section completed by manager)*

Manager name

Title

- Approved Disapproved Provisionally approved pending medical certification

Reason for disapproval

- a. No entitlement (e.g., child was not born or placed for adoption October 1, 2020 or later, or doesn't meet criteria to qualify for FMLA)
- b. FMLA entitlement used for current 12-month period
- c. Unacceptable medical certification

Manager signature

Date