

## Paid Parental Leave (PPL) Request Form

Department for People Operations, Success, and Opportunity

210 East 1<sup>st</sup> Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Fax: 252-328-9917 | Email: [leave@ecu.edu](mailto:leave@ecu.edu)

### I. EMPLOYEE DATA

Employee Name:			Banner ID:	
Division:			Department:	
Supervisor:			Kronos Super Admin:	
Mailing Address:			Personal Phone:	
			Email Address:	
			*Approval is sent by email	
Appointment Information:	Permanent	Time-limited	Full-time	Part-Time – Hrs./Wk.:
	SHRA	CSS	EHRA Non-Faculty	EHRA Faculty (not eligible for FSIL)

### II. LEAVE REQUEST

<b>RECUPERATION LEAVE REQUEST</b> <i>For birth mother only; must occur in the four weeks immediately following the birth</i>	Expected Start Date:		Expected End Date:	
<b>BONDING LEAVE REQUEST</b> <i>The four consecutive weeks of leave must occur within the first 12 months following the date of birth or date of adoption/foster care placement</i>	Expected Start Date:		Expected End Date:	

### III. DOCUMENTATION REQUIREMENTS (attach to form)

QUALIFYING EVENT	EXAMPLES: Parental Leave Acceptable Documentation (only one document required)
<b>Adoption</b>	Adoption Order, Proof of Placement
<b>Birth</b> Birthing Parent Non Birthing Parent	Birth Certificate (or Report of Birth/Stillbirth), Verification of Facts, Certified DNA Results, Custody Order, Proof of Placement
<b>Foster Placement</b>	Foster Care Placement Agreement, Custody Order, Proof of Placement
<b>Other Legal Placements</b>	Custody Order, Proof of Placement

### IV. EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that I meet the following requirements under the Paid Parental Leave program and that I have or will become a parent by childbirth, adoption, foster care placement, or other legal placement, or that I am or will stand in loco parentis for a child. I acknowledge that the information provided above and with this request form is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.

Employee's Signature:		Date:	
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### V. SUPERVISOR ACKNOWLEDGEMENT

Supervisor's Signature:		Date:	
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**Submit your completed request form with the required supporting documentation to [leave@ecu.edu](mailto:leave@ecu.edu) for processing.**

### VI. FOR BENEFITS OFFICE USE ONLY

Date of Hire:		<input type="checkbox"/> 12-Month Continuous Service Requirement	<input type="checkbox"/> Pay Status Requirement
Paid Parental Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
Benefits Comments:			
Signature (Benefits Rep):		Review Date:	