AUGUSTA UNIVERSITY

Paid Parental Leave Request

Employee Name:
Employee Title:
Employee ID#:
Department:
Division/Work Location:
Name of Supervisor:

In accordance with the Georgia's Parental Leave law for state employees, the University System of Georgia (USG) provides up to a maximum of 120 hours of paid parental leave to eligible employees for qualifying life events.

I am requesting Paid Parental Leave on a continuous ☐ or intermittent ☐ basis for the following dates:

Begin Date _____   End Date _____

Based on the following qualifying event:
☐ Birth of my child
☐ Placement of an eligible child with me for Adoption
☐ Placement of an eligible child with me for Foster Care

By my signature on this form, I attest to the following:

I understand that any unused portion of Paid Parental Leave will expire (and will no longer be available for use) 12 months after the qualifying event.

I also understand that paid parental leave runs concurrently with leave for which I may be eligible under the federal Family and Medical Leave Act.

I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within 5 business days. If I am not notified, I should follow up with Human Resources.

Required supporting documentation of the qualifying event must be attached to this form.

_____   _____
Signature of Employee   Date