

I understand if the required documentation is not provided within thirty (30) days of the Qualifying Event or the submitted documentation does not provide the required information to validate the use of PPL, I will be required to substitute all other paid leave available and, if sufficient leave is not available, I will be placed on Leave Without Pay for the period I was absent from work.

I understand I may withdraw my request for Paid Parental Leave, in writing, through my Department Head/Program Manager to the State HRO at any time prior to the start of the Paid Parental Leave.

Employee Signature: _____ Date: _____

Supervisor: _____ Recommend: Approval Disapproval

Signature: _____ Date: _____

Department Head/Program Manager: _____ Recommend: Approval Disapproval

Signature: _____ Date: _____

Chief of Staff for State Operations: _____ Approved Disapproved

Signature: _____ Date: _____

NOTE: The State HRO Leave and Accounting Clerk will enter all approved PPL into SCEIS.