

## **Dane County Request for Paid Parental Leave**

Employ	yee's Name:	
Employ	yee's Department:	
Expected date of qualifying event:  Date the Leave of Absence will commence:		
Probable date of return to work:		
Employ	yee's Anticipated Use of Benefit Time During Lea	ve of Absence:
make	•	se PPL during your FMLA/other Leave of Absence. Please ork part time. (For example: Feb 1 to Feb 28 – 4 weeks (160 hours)  Thours PPL)
Acknow	vledgements:	
1. 2.	Please read the Paid Parental Leave in the Employee I understand that a Leave of Absence Request must must submit an application for FMLA.	e Benefit Handbook. accompany this form. I understand that if I am eligible for FMLA, then I
3.	I understand that I must provide appropriate and tirrequest. Forms of documentation include: a health	mely documentation of the upcoming event with the Leave of Absence care certification from a medical doctor, a certified copy of an adoption tified copy of a foreign adoption order registered in the State of
4.	Eligible Employees must use all of their PPL within six months of the qualifying event. Any portion of the PPL remaining six months after the qualifying event is forfeited. The start date of an employee's PPL is at the employee's discretion, as long at the employee's PPL balance has not yet been forfeited.	
5.	5. All employees except those in 24/7 operated departments (Sheriff's Office, Badger Prairie, and Public Safety Communications 9-1-1) may use PPL intermittently. Employees in a 24/7 operated department may use PPL intermittently with the prior written approval of their supervisor.	
6.	Communications 9-1-1) may use PPL in order to wor	tments (Sheriff's Office, Badger Prairie, and Public Safety rk part-time, if that is an arrangement that works for their family. PPL to work part-time with the prior written approval of their
Employ	yee's Signature:	
Date:		

Supervisor's Approval (if necessary):