



Tennessee Paid Parental Leave Request

Provided by SB 1458, HB0983

To request leave based on the Tennessee Paid Parental Leave (PPL), please submit this request at least thirty (30) days before leave (unless leave is unforeseen, in which case submit the form as soon as possible).

Employee Name: _____

DOB: _____ Work Location: _____

Requested Leave Start Date: _____ Date of Qualifying Event: _____

I have worked for a local education agency for 12 months or longer: Yes No

If from previous employer, please indicate the prior LEA: _____

I am a full-time, licensed employee working for the district in the following capacity:

- Teacher
- Principal
- Supervisor
- Other individual required by law to hold a

valid license of qualification for employment
The reason for this PPL leave request is:

- Birth, *Certificate of Birth* required
- Adoption, *Decree of Adoption* required
- Stillbirth, *Certificate of Stillbirth* required

(30 days from Date of Qualifying Event)

I intend to use the PPL as follows:

- Continuous Leave beginning _____ and ending _____.
- *Intermittent Leave beginning _____ and ending _____.

** Attach a proposed schedule for leave use. Also, intermittent leave requires adherence to timekeeping rules (ensuring absences are entered into SmartFind).*

I understand I may not use more than six (6) weeks under PPL, and:

- I have not previously used all six (6) weeks available to me for PPL based on this qualifying event, OR
- I wish to modify my previous request based on this qualifying event as follows:

(Initial)

_____ By submitting this request, I acknowledge that I must submit a separate leave request to use additional time beyond the PPL, which may be available to me under the Tennessee Family Medical Leave (TCA 4-21-408 – providing up to 16 weeks concurrent to PPL and FMLA) or the federal Family and Medical Leave Act (FMLA – providing up to 12 weeks concurrent to PPL). By Tennessee law and policy of the BOE, all leaves run concurrently. I certify the truth and veracity of the above statements, and I have not made a materially false statement intending to mislead a public servant in performing his or her official functions. I understand that I may be subject to disciplinary action, including termination, if any of the above is subsequently determined to be false or misleading. I acknowledge that the District or State may require additional documentation to the final approval of PPL.

Employee Signature

Date