

Georgia Paid Parental Leave (GPPL) Request

Dawson County School System
28 Main Street Dawsonville, GA 30534
(706) 265-3246



Employee Information

Full Name:	School/Location:
Phone #:	Email Address:

Type of Leave

☐ Birth of child

☐ Placement of minor child for adoption

☐ Placement of minor child for foster care

Amount of Leave Requesting

I am requesting the Georgia Paid Parental Leave (GPPL) for the following period of:

Date Leave Begins:	Date Leave Ends:
Last Day Worked:	Return to Work Date:

Have you taken a leave of absence under the GPPL policy during the preceeding 12 months?

☐ Yes ☐ No

If yes, which dates from : _____ to: _____

Reason for previous leave of absence:

Acknowledgement

I understand that verification/certification from a certified healthcare provider (a licensed doctor or midwife) and/or Department of Family & Children Services addressing my reason for this leave request must be submitted to the Human Resources Department within 30 days of receipt of this form. I also understand that the certification must include the following:

1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care;
2. The beginning and anticipated ending date of the employee's need for leave; and
3. Original signature of certified healthcare provider and/or DFCA Authroized Official

I have fully read the Georgia Paid Parental Leave Policy (*Policy GARH*), and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for Georgia Paid Parental Leave.

I also understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been approved by the Human Resources Department.

Requests for Georgia Paid Parental Leave must be submitted to the Human Resources department at least 10 days in advance of the requested leave start date.

Employee's Signature:	Date:
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Completed requests with original signatures must be submitted to Samantha Hughes, HR Department.