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## PPL LEAVE REQUEST FORM

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

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Employee Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Work Location: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ *\*Must be on or after 5/11/23 for approval*

Date of Qualifying Event: \_\_\_\_\_ *\*Must be on or after 5/11/23 for approval*

I have worked for a local education agency for 12 months or longer:

- Yes, please contact this prior employer to verify: \_\_\_\_\_
- No

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*

I intend to use the PPL as follows:

- Continuous Leave \_\_\_\_\_ [START DATE] through \_\_\_\_\_ [END DATE]  
*\*Must be on or after 5/11/23 for approval.*
- Intermittent Leave \_\_\_\_\_ [START DATE] through \_\_\_\_\_ [END DATE]  
*\*Attach a proposed schedule for leave use. Also, intermittent leave requires adherence to timekeeping rules.*

I understand I may not use more than 6 weeks under PPL and:

- I have not previously used all 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ By submitting this request, I acknowledge that I must submit a separate 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, we run all leaves concurrent.

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 prior to the final approval of PPL.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_