



**Paid Parental Leave (PPL)
Leave Request**

Employee Name: _____ Employee #: _____

Requested Leave Start Date: _____

Reason for PPL Leave Request (select the situation that applies):

- _____ You have given birth to a child
- _____ You are a co-parent of a newborn child
- _____ You have adopted a child aged 17 or younger (excluding adoption of a spouse's child)
- _____ You have received placement of a child through foster care or other legal placement

Signature of Employee

Date

TO BE COMPLETED BY HUMAN RESOURCES:

- _____ Employee has been employed with the City of Round Rock for at least (6) months in a regular full-time or regular part-time position
- _____ Effective Date
- _____ Leave will or will not run concurrently with FMLA
- _____ Number of hours of PPL approved (based upon employee's regular scheduled hours)

Processed by _____ Date _____ Audited by _____ Date _____

Please return completed form to: Tyler Jarl, Human Resources Manager
Email: tjarl@roundrocktexas.gov Fax #: 512-218-6616