



Paid Parental Leave (PPL) Request Form

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. § 6382 (2024) - Federal Employee Leave Act; 5 C.F.R. § 630 subpart Q - Absence and Leave; and Automated Directives System (ADS) Chapter 481 - Family and Medical Leave (FML).

Purpose: USAID collects this information for use in determining whether individuals are entitled to Paid Parental Leave (PPL) under Family and Medical Leave Act (FMLA).

Routine Uses: This information is collected and maintained by USAID. This information is not shared outside of USAID.

Disclosure: Providing the requested information is voluntary. However, without the requested information, USAID will not be able to process employees' requests for PPL.

Instructions: The employee completes, signs, and dates this form. Employee submits the form to HCTM/ELR to apply for and invoke PPL under FMLA.

A. Identifying Information

1. Last Name, First Name, MI	2. Mission/Office Symbol
3. Phone numbers (personal)	4. Phone number (work)
5. Email address (personal)	6. Email address (work)

B. Paid Parental Leave (PPL) Plan

7. Reason FMLA leave is being requested:

Birth of a child or adoption;

or Placement for foster care



8. PPL Dates

	Anticipated	Actual
Date of birth or placement		
Date PPL begins		
Date PPL ends		
Date employee plans to return to duty (after use of other types of leave)		

9. Requested method of using PPL :

Continuous; or

Intermittent. If intermittent, answer number 10 below.

10. Outline plans for using PPL on an intermittent basis:

C. Employee Certifications (initial each box)

I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.

I will provide documentation to support this request.

I acknowledge and understand the consequences of providing false documentation (e.g., the possibility that my agency could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a federal entity that investigates whether conduct constitutes a criminal violation).



If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.	
I attest that I am entering into the required work obligation agreement (Section D).	
I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.	
Employee's signature	Date
D. Agreement to Complete 12-Week Work Obligation	
<p>I, _____, understand that the usage of paid parental leave requires that I complete a 12-week work obligation at USAID at the time I conclude using paid parental leave granted in connection with the birth or placement (for adoption or foster care) of my child.</p> <p>I agree to return to work and complete the required 12 weeks of work. I understand that 12 weeks of work will be converted to hours of work based on my work schedule, consistent with OPM regulations at 5 C.F.R. § 630.1705.</p> <p>I understand that the required 12-week work obligation is fixed and not proportionally reduced if I use less than 12 weeks of paid parental leave. I understand that only actual work periods when I am on duty (during my scheduled tour of duty) will count toward the 12-week work obligation. I understand that periods (paid or unpaid) of leave and time off (including holiday time off) do not count towards the completion of the 12-week work obligation.</p> <p>I understand that only work performed after use of paid parental leave concludes counts toward the 12-week work obligation. I understand that any period(s) of work during intermittent usage of paid parental leave (i.e., work performed prior to the conclusion of the use of paid parental leave) does not count toward the 12-week work obligation.</p> <p>I understand that, if I fail to return to work and fully complete the required 12-week work obligation, USAID may require a reimbursement equal in amount to the total amount of any Government contributions paid on my behalf to maintain my health insurance coverage under the Federal Employees Health Benefits (FEHB) Program established under 5 U.S.C. § 89 (2024) during that period of time, unless I meet statutory conditions that bar application of such a reimbursement requirement. If I do not meet those conditions and if USAID determines that reimbursement must be made, I understand that it must seek collection of the full amount and that there is no authority for a partial waiver of the amount owed.</p>	



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I understand that, if I separate from USAID before completing the 12-week work obligation, such separation is considered to be a failure to meet that obligation. I understand that, in that circumstance, I will not be allowed to complete the work obligation at a later time. (Note: An intra-agency reassignment without a break in service will not be considered a separation.)

If USAID determines that the reimbursement requirement applies, I agree to make the required reimbursement and to permit offset of Federal payments to recover the amount owed. However, I reserve the right to challenge USAID's decision through any applicable administrative or judicial process and to seek return of any amounts erroneously collected from me.

Employee's signature	Date
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