## MISSISSIPPI UNIVERSITY FOR WOMEN Paid Parental Leave Request Form for Primary Caregiver

Employees requesting Paid Parental Leave (PPL) must complete this form in its entirety, attach supporting documentation as appropriate (e.g., medical certification, legal), and submit to <a href="mailto:hrinfo@muw.edu">hrinfo@muw.edu</a> or fax to 662-241-7616. PPL request forms should be submitted to Human Resources at least 30 calendar days prior to the beginning of PPL or as soon as reasonably practicable.

Employee Name:			Ph:	MUW ID:	
Dept:			Supervisor Name:		
Reason for Request:		Birth	Expected Date of Birth		
		Adoption	Date of Placeme	nt Age of Child	
following the k  1. Do  1. If both em  2. If yes, sign	oirth or adoption es your spouse ployed at MUW	of the child. Only on work at MUW? , only one may be de firms you are the <i>Pri</i>	the parent who has the primary response parent can be the primary caregiver 2. Are you the Primary 0 esignated as the primary caregiver for imary Caregiver as defined by MS law	of the child at the same time.  Caregiver?  a given period.	
compen  Eligible a minim Paid Pa whole of PPL ma PPL is in persona PPL run Legal st PPL not is not pa Employe	versity's PPL benesated at 100% of the employee means a um of twelve (12) or the employee means a rhalf day incrementy only be used oncome addition to other I leave or major meas concurrently with ate and federal holutilized within the expanse.	ne employee's regular say person who has been expressed to be taken intermittently witts only. The in a 12-month period reave benefits available edical leave.  Family and Medical Leadidays are not counted ago 12-week period will be found from State service. It is (6) weeks of earned not be the intermediate of the intermediate intermediate intermediate.	orfeited. PPL may not be accrued, carried ov	oirth or adoption of the child. department or institution of the State for a full-time permanent basis. If the birth or adoption of the child in y previous PPL usage. Ind is not counted against accrued over, or used for retirement purposes and	
Dates of Requ	uested Leave:	From:	То:		
Do you plan t	o use additiona	al medical, persona	l and/or leave without pay after PPL	_? Yes No	
Please list: PPL and all oth	ner applicable le	ave requested to the	(Employee is required to comeir supervisor. Additional FMLA docum	pplete an Application for Leave for nentation may also be applicable.)	
Employee's signature:				Date:	
Supervisor's signature:				Date:	
MUW Human Resources Verification of Eligibility					
Eligibl	e Ineligible	e Verified by:	Date:		