

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

PAID PARENTAL LEAVE (PPL) REQUEST FOR CIVILIAN EMPLOYEES

(to be submitted with FMLA Leave request/form)

Privacy Act Statement

Authority: 5 U.S.C. § 301; 5 U.S.C. 5501-5597; 44 U.S.C. 3101; 14 U.S.C. § 93, Commandant; general powers.

Purpose: To assess Coast Guard civilian personnel requests for paid parental leave in accordance with the Federal Employee Paid Leave Act (FEPLA) provisions.

Routine Uses: United States Coast Guard officials will use this information to approve the paid parental leave requests for USCG civilian employees. Any external disclosures of information within this record will be made in accordance with DHS/ALL-019 Payroll, Personnel, and Time and Attendance Records System of Records, 80 FR 58283 (September 28, 2011).

Disclosure: Furnishing this information is strictly voluntary. However, failure to provide this information may result in delay in approval. In order to assist with maintaining confidentiality, respondents are advised not to include any additional personally identifiable information (PII) or personal health information (PHI) in their free-form responses.

IDENTIFYING INFORMATION

Employee Name (Print First and Last Name)	Work Phone	Home Phone
Work Email Address	Personal Email Address	

**PLANS FOR SUBSTITUTING PAID PARENTAL LEAVE (PPL) FOR
FAMILY AND MEDICAL LEAVE ACT (FMLA) UNPAID LEAVE**

Reason FMLA leave is being requested:

Birth of a child	Placement for adoption	Foster care placement
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Previous FLMA leave used (within 12 month period): Yes No Dates: _____

Description	Anticipated	Actual
Date of birth or placement		
Date use of PPL begins		
Date use of PPL concludes		
Date of planned return to duty (after use of other types of leave)		

Requested method of using PPL: Continuous use Intermittent use*

*Note: PPL may not be used intermittently or on a reduced leave schedule unless the employee and supervisor agree otherwise.

*Reason(s) intermittent leave is being requested:

*Describe plans for using PPL on an intermittent basis:

EMPLOYEE CERTIFICATONS

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 a care for and bond with the child.

Initial

I will provide documentation to support this request as directed by my agency.

Initial

I acknowledge and understand the consequences of providing a false certification (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).

Initial

If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.

Initial

I attest that I am entering into the required work obligation agreement.

Initial

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

Initial

Employee Signature:

Date: