

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**PAID PARENTAL LEAVE REQUEST**

**INSTRUCTIONS:** Prior to completing this form, an eligible employee will invoke his/her entitlement to FMLA leave for the birth of their child (care and bonding) or placement of a child with the employee for adoption or foster care. This form is used to advise when an employee plans to substitute paid parental leave (PPL) for unpaid FMLA leave for birth of a child or placement of a child for adoption or foster care and when requesting to use PPL on a continuous or intermittent basis. An employee will also need to acknowledge the certifications prior to signing and dating the form. Electronic signature is recommended.

**SECTION I. Identifying Information**

Employee Name:

Phone numbers (personal and work)

Name of organization (agency, office, division, branch, etc.)

Email addresses (personal and work)

**SECTION II. Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave**

Reason FMLA leave is being requested:

Birth of a child

Placement for adoption

Foster care placement

**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\*

\*Reason(s) intermittent leave is being requested:

\*Describe plans for using PPL on an intermittent basis:

**SECTION III. 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, as directed by my agency.

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).

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.

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

(Signature)

(Date)

**PRIVACY ACT STATEMENT: Authority:** 49 U.S.C. 114(n). **Principle Purpose(s):** This information will be used to process your application to use paid parental leave. **Routine Use(s):** This information may be shared with another federal agency in response to its request, in connection with the hiring of an employee or the issuance of a security clearance or for routine uses identified in the applicable system of records notice DHS/TSA 022 National Finance Center Payroll Personnel System (NFC). **Disclosure:** Voluntary; failure to furnish the requested information may result in an inability to use paid parental leave.