



Cartersville City Schools Human Resources

Paid Parental Leave Request Form

In accordance with the Georgia's Parental Leave law for state employees, Cartersville City Schools provides up to a maximum of 240 hours of paid parental leave to eligible employees for qualifying life events.

Employee Name: _____ Employee #: _____

Employee Title: _____

School/Location: _____ Phone #: _____

Supervisor's Name: _____

INSTRUCTIONS: To request Paid Parental Leave please return this completed form along with documentation of your qualifying event to ...

- Email your documents to Human Resources (mgibson@cartersvilleschools.org)
- Scan/Fax/Mail your documents to the district office (Attn: Human Resources)

Leave Request Information

Begin Date: _____ End Date: _____ Based

on the following qualifying event:

- ☐ Birth of my child
- ☐ Placement of an eligible child with me for Adoption
- ☐ Placement of an eligible child with me for Foster Care

With my signature I acknowledge and attest to the following:

- I understand that any unused portion of Paid Parental Leave will expire and will no longer be available for use 12 months after the qualifying event.
- Paid Parental Leave may be used for a continuous period and runs concurrently with unpaid leave under the Family Medical Leave Act (FMLA) or it can be intermittent.
- I will notify Cartersville City Schools if I am approved for other benefits (*i.e. Workers Compensation, Short-Term or Long-Term Disability, Social Security Insurance, Disability Retirement, etc.*) prior to receiving Paid Parental Leave.
- I acknowledge that I have read and understand the program provision as set forth in Employee Handbook.

Employee Signature

Date

Supervisor Signature

Date

Personnel Department

Date

Payroll Department

Date

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