

Mississippi State Employee Request for Paid Parental Leave

Employees requesting to take paid parental leave should complete this form and submit it to their agency's HR office at least 30 calendar days before the anticipated leave start date.

EMPLOYEE INFORMATION

Name:

Date of Request:

LEAVE REQUEST DETAILS:

Birth of Child Adoption (Child under 18)

Event Date (Birth/Adoption):

Leave Dates: From: To:

Total Hours Requested: *(Maximum 240 hours / 6 weeks)*

ELIGIBILITY & ATTESTATION:

Initial each statement to certify compliance with state law.

12-Month Rule: I have been employed by the State of Mississippi for at least 12 consecutive months in a full-time, permanent position.

Primary Caregiver: I am the child's primary caregiver for the period requested. Only one parent can be the primary caregiver at the same time.

Notice: I have provided 30 days' notice, or if not possible due to exigent circumstances, I have notified my supervisor at the earliest opportunity.

Restrictions: I understand that paid parental leave may be restricted due to public safety concerns at the discretion of the agency head.

FMLA/Timing: Paid parental leave runs concurrently with FMLA (if available), must be used within 12 weeks of the birth or adoption, and is not payable upon separation.

Accuracy: I certify this is true. Falsification is subject to disciplinary action up to termination and recoupment of benefits.

Employee Signature:

Date:

AGENCY ADMINISTRATION (OFFICIAL USE ONLY):

12-Month Service Confirmed

Primary Caregiver Attested

Documentation Received

Status: Approved

Denied (Reason: _____)

Authorized Signature:

Date: