



**FMLA, Parental Leave &  
Paid Parental Leave (PPL) Request  
Certification for Birth/Care of Newborn**

**SECTION I: For Completion by the EMPLOYEE**

**INSTRUCTIONS:** Ensure all information in Section I is completed before giving this form to the health care provider. Paid Parental Leave runs concurrently with federal FMLA leave. If an employee qualifies for FMLA, this form will also serve as a medical certification for that purpose. Paid Parental Leave is effective the date of the child's birth. Please provide proof of birth once the child is born. By signing this form, you represent that the information you provided is true and correct.

Employee's name: (print legibly)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Domestic partner	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent
Contact Phone Number / Cell	Address:	
Work Number		
Employee's job title:	Employee's regular work schedule:	
Department/Division:	Supervisor name:	
Length of time requested for leave for birth and/or care of newborn:		
Signature of employee:	Date signed:	

**SECTION II: For Completion by the HEALTHCARE PROVIDER**

**INSTRUCTIONS:** Please provide the following information and be sure to sign the form.

Provider's name	Business address:
Type of practice/medical specialty:	Anticipated date of birth:
	Anticipated return to full work status:
Telephone (with area code):	Fax (with area code):
Are there any anticipated medical concerns related to the pregnancy or delivery of the baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Authorized Health Care Provider:	Date signed: