



BEVILL STATE
Community College

Paid Parental Leave Certification Form

All information requested below is required to be filled out.

Employee Name: _____

Salary Schedule/Job Title _____

Work Email Address: _____

Work Telephone Number: _____

Social Security Number: _____

Immed. Supervisor's Name: _____

Date of Qualifying Event: _____

Date of This Request: _____

Is your request being made at least 30 calendar days in advance of qualifying event? _____

Have you been employed in a position with leave and benefits for at least 12 consecutive months immediately preceding the qualifying event date listed above? _____

Are you currently paid any supplements or stipends over and above your stated salary schedule amount? If so, list amount & reason _____

Are you male or female? _____

Reason Parental Leave Requested (Check One):

- ☐ I am requesting up to eight weeks of paid parental leave in connection with the birth, stillbirth, or miscarriage of a child.
- ☐ I am requesting up to two weeks of paid parental leave in connection with the birth, stillbirth, or miscarriage of my child.
- ☐ I am the legal parent of a child three years of age or younger that has been legally placed with me for adoption or I have begun the adoption process of a child three years of age or younger. (Eligible state employees are entitled to eight weeks of parental leave. If both parents work for the State, then only **one** state employee is eligible for eight weeks of parental leave).

Anticipated Duration of Parental Leave:

Anticipated or Actual Date of Birth,
Stillbirth, Miscarriage, or Placement: _____

Date Parental Leave begins: _____

Date Parental Leave concludes: _____

Requested method of Parental Leave: ☐ Continuous Use ☐ Intermittent use*

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

*How do you intend to utilize
intermittent leave: _____

What is the proposed intermittent leave schedule? _____

(must be agreed to by College)

For birth or adoption, do you understand that leave taken intermittently is reserved for time spent
with the child either bonding or fulfilling a parenting role with the child? _____

Prior Paid Parental Leave Use

Employee Check One:

☐ I have not used any paid parental leave in the 365 days preceding this request or for the
qualifying event indicated on this form.

☐ I have used paid parental leave in the 365 days preceding this request or for the qualifying
event indicated on this request form. If yes, please provide the information below.

Date leave commenced: _____

Date leave ended (if applicable): _____

Agency/Department where parental leave was used: _____

Hours of paid parental leave used (if applicable): _____

ADOPTION
Parental Leave Eligibility

Complete this section for adoptions only.

Employee Check One:

- ☐ Neither my spouse nor any other parent of the minor child that I am adopting are employed with the State of Alabama in any capacity (such employment includes but is not limited to: the State Executive Branch, the Legislative Branch, the Judicial Branch, or any State, local, or post-secondary educational institution).
- ☐ The child that I am adopting is also being adopted by an individual that is employed with the State of Alabama.

If you checked the second box, please provide the following information related to the other adopting parent:

Name of Other Parent: _____

Employing Entity of Other Parent: _____

Telephone Number of HR Office at Employing Entity: _____

Employee Certification (<u>initial</u> each box)	
	I certify paid parental leave is being taken because of the birth, miscarriage, or stillbirth of a child, or placement of a child with me for adoption and will be used in accordance with the law.
	I understand and agree that I am required to present sufficient documentation to establish my eligibility for paid parental leave. Such documentation may include birth certificate, letters from my doctor, or legal documentation establishing my intent to adopt.
	If I provide an anticipated date of a qualifying event, I shall notify the college as soon as practicable of the actual date of the qualifying event.
	I understand and agree utilizing parental leave in violation of the law and/or college policy may result in disciplinary action, up to and including my termination.
	I understand and agree that the college will deduct any leave fraudulently claimed or erroneously provided under the Alabama Public Employee Paid Parental Leave Act of 2025.
	I understand and agree that the college may remove any fraudulently or improperly granted leave from my paycheck, without any additional prior permission.
	I understand and agree that I am required to return to work for a minimum of 8-weeks following my use of paid parental leave and any failure to comply with the return-to-work agreement may result in the recovery of the value of paid parental leave.
	I understand that any eligible leave under the Family and Medical Leave Act (FMLA) available to me shall run concurrently with the use of parental leave and that I am still required to comply with the FMLA, even if I qualify for paid parental leave.

RETURN-TO-WORK AGREEMENT

(must be filled in and signed by employee to be eligible for parental leave)

In exchange for any paid parental leave provided by the College, I, _____, understand, acknowledge, and agree that (1) I will not separate from the College for a period of at least eight weeks (as calculated by the college) following the conclusion of any leave I take in connection with a qualifying event, and (2) if I do separate from the College for any reason (including involuntary reasons such as termination) before working at least eight weeks following the conclusion of any leave I take in connection with a qualifying event, the College is entitled and shall recover from me, by offset or otherwise and in compliance with the Fair Labor Standards Act, an amount equal to my hourly rate of pay multiplied by the number of hours I failed to work in compliance with this return-to-work agreement.

EMPLOYEE SIGNATURE

DATE

I hereby certify under penalty of perjury that, to the best of my knowledge, all information provided in this Certification is true, correct, and complete. I further agree and understand that any false or deceptive information provided herein, regardless of time of discovery, may cause forfeiture of any leave obtained and recovery of the value of any leave improperly received either from my future pay or by legal action. I further agree and understand that any false or deceptive information may result in discipline, up to and including termination.

Signature: _____

Date: _____

Required Documentation:

Qualifying Event	Required Documentation
The birth, stillbirth, or miscarriage of a child.	<ul style="list-style-type: none">Completed ACCS Certification Form andAdditional Documentation (Select One):<ul style="list-style-type: none">Birth Certificate Naming Parent;Proof of Birth (letter from HCP confirming birth and parent);Proof of Death (letter from HCP confirming death or death certificate with parent named). Other Documentation may be required.
Adoption of child three years of age or younger	<ul style="list-style-type: none">Paperwork indicating the initiating of adoption process or court filing initiating the adoption processAdoption OrderAgreement confirming the initial date of placementChild Birth Certificate or confirmation of birth Other Documentation may be required.

TO BE COMPLETED BY COLLEGE PERSONNEL**Parental Leave Eligibility**

Has the employee been employed with college in a leave/benefit position for at least 12-consecutive months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What dates are utilized to determine the lookback period, if any, for use of prior parental leave?	Start Date:	
	End Date:	
Does employee's request meet the definition of a qualifying event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is employee eligible for FMLA leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, indicate when the employee will become eligible: _____	
Did the employee provide a completed, signed Certification Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the employee provide the required documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the employee complete and sign the return-to-work agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Select documents received:

- ☐ Birth certificate
☐ Proof of Birth (letter from HCP confirming birth)
☐ Adoption Order
☐ Agreement confirming initial date of placement
☐ Other: _____

Checklist:

- ☐ Determine dates of leave eligibility based on event.
 Start Date: _____
 End Date: _____
- ☐ Verify paid parental leave not taken in previous 365 days.
- ☐ Parental Leave Approved
- ☐ Parental Leave Denied
 Reason: _____

Signature of College Personnel**Date**

Important Reminders:

- PPL is only available if the qualifying event occurs on or after July 1, 2025.
- PPL for birth, stillbirth, miscarriage, and adoption may be used intermittently, on a reduced schedule, or continuously.
- PPL must run concurrently with FMLA, if available.
- Employees are eligible for PPL once they have 12 consecutive months of service with a leave/benefit position.
- Employees are not required to use other leave before using PPL, but may do so if they choose.
- PPL must be taken within 365 days of the qualifying event. Any PPL available to the employee after 365 days is forfeited.
- PPL is paid at 100% of the eligible state employee's base rate of pay, as determined by the college.
- The College's policy on paid parental leave will govern this benefit.