

Employer Paid Leave Request Form

Employee Name: _____ PERNR: _____
Contact Phone Number: _____ Email: _____
Agency Name: _____

Purpose of Employer Paid Leave Request:

(example: birth of child, care of newborn or placement with the employee of a child for adoption or foster care within one year of birth/placement, employee serious health condition)

Attach supporting documentation, if required.

Anticipated dates/duration of leave: Beginning: _____ End: _____
Total workdays: _____

Employee Certification: In requesting employer paid leave, I certify that all information on this request form is true and that I will abide by the regulation governing employer paid leave. **101 KAR 2:102, Section 4 or 101 KAR 3:015, Section 4.**

**Upon approval employer paid leave shall be used on a continuous basis for absences of three (3) or more consecutive days and shall be exhausted prior to employee's use of other accrued leave. The employer paid leave code (ERPL) will be added to an employee's timesheet by Human Resources personnel.*

***If Family Medical Leave Act (FMLA) is applicable, an employee shall use employer paid leave concurrently with FMLA and shall exhaust employer paid leave prior to use of other accrued leave.*

Employee Signature

Date

FOR AGENCY USE ONLY:

Employer Paid Leave Request is:

DENIED

Reason:

Does NOT meet the requirements of FMLA.

Other: _____

APPROVED

Dates:

Beginning:

End:

Employer Paid Leave (ERPL) balance as of this date:

Printed Name of Appointing Authority
or Designee

Signature of Appointing Authority or
Designee

Date