



Employee Request for Paid Parental Leave

Employee Name:	
Phone Number:	
Email Address:	
Employee ID:	
Supervisor's Name:	
Date of Request:	
Date of Qualifying Event:	
Parental Leave Start Date:	

REASON PARENTAL LEAVE REQUESTED (SELECT ONE)

- ☐ I am primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. Only one Eligible State Employee may be designated as the parent primarily responsible for furnishing the care and nurture of their child. (Six weeks of consecutive parental leave.)
- ☐ I am not primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Four consecutive weeks of parental leave for qualifying events occurring on or after October 1, 2026.)
- ☐ I have given birth or experienced a stillbirth. (Six consecutive weeks of parental leave.)
- ☐ I am the co-parent of a biological child whose birth or stillbirth is the qualifying event. (Four consecutive weeks of parental leave for qualifying events occurring on or after October 1, 2026.)
- ☐ I am fostering a child in state custody. (Four weeks of parental leave for qualifying events occurring on or after October 1, 2026.) Choose an option below.
 - ☐ Option One: I will take four consecutive weeks of paid parental leave.
 - ☐ Option Two: I will take four, one-week, non-consecutive increments of paid parental leave.

REQUIRED DOCUMENTATION

Qualifying Event	Required Documentation (Employee Selects One)
Adoption	Adoption order and/or agreement confirming the initial date of placement.
Birth	Birth Certificate or Proof of Birth Certified DNA Results Custody Order
Stillbirth	Certificate of Birth Resulting in Stillbirth issued under S.C. Code Section 44-63-55 (required).
Foster Placement	Foster Care Placement Agreement Custody Order

CHECK ONE:

- ☐ I have not used any paid parental leave in the twelve months preceding this request or for the qualifying event indicated on this request form.
- ☐ I have used paid parental leave in the twelve months 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/Institution where parental leave was used: _____

EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

I understand that paid parental leave is paid at one hundred percent of the eligible state employee's rate of pay. (For qualifying events occurring on or after October 1, 2026). Rate of pay is the base pay of an employee to include any non-base salary adjustments to be paid through the University's payroll system that is in effect at the time paid parental leave is taken. This may include an administrative salary adjustment, faculty overload, grant salary adjustment, market or geographical differential pay, special assignment pay or temporary salary adjustment. Rate of pay does not include bonuses, lump-sum payments, dual employment compensation, compensation paid directly by a foundation or other external source or a salary adjustment that is not in effect while the employee is using paid parental leave.

I certify that the information provided in this form is accurate and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Paid Parental Leave Important Reminders:

- For qualifying events that occurred prior to October 1, 2026, only employees occupying any portion of a full-time equivalent (FTE) position are eligible for paid parental leave.
- For qualifying events that occur on or after October 1, 2026, an employee occupying any portion of a FTE position, a research-grant (RGP) position or time-limited (TL) position is eligible for paid parental leave.
- There is no service requirement to be eligible for PPL. Employees who meet the requirements described above are immediately eligible for PPL. Eligibility determinations are made as of the date of the qualifying event.
- PPL for birth, stillbirth and adoption must be taken consecutively and in one continuous block of time.
- PPL for foster care placement may be taken in four consecutive weeks or upon request and approval in four, one-week, non-consecutive increments for qualifying events that occur on or after October 1, 2026.
- PPL shall not be used before the date of the qualifying event. If an employee requires leave before the birth, adoption or foster care placement due to medical reasons or to fulfill legal obligations, other available leave balances shall be utilized.
- PPL must run concurrently with FMLA leave, if available. Therefore, if the employee's leave is taken pursuant to FMLA, available PPL must be utilized before taking annual leave or leave without pay.
- Employees are not required to use other leave types before using PPL.
- PPL must be taken within 12 months of the qualifying event. Any leave available to the employee after 12 months is forfeited and cannot be carried over for subsequent use.
- Effective October 1, 2026, PPL is paid at 100% of the eligible state employee's rate of pay.
- Eligible employees shall accrue annual and sick leave at the normal rate and receive holiday pay while on PPL, if applicable.