

# Parental Leave Act Letter



Department ( <i>Please no abbreviations – print</i> )	Date:
Department HR Professional:	HR Professional Contact Phone:

To: \_\_\_\_\_

From: \_\_\_\_\_

## SUBJECT: Request and/or Designation of Leave under the Texas Parental Leave Act

On \_\_\_\_\_ (date) we became aware of your potential need for leave due to: the birth of a child or placement of a child for adoption or foster care. Our records show that you are **not eligible** for leave under The Family Medical Leave Act (FMLA) because:

- ☐ you do not have 12 months of state service
- ☐ your FMLA leave has been exhausted for this fiscal year
- ☐ you have more than 12 months of state service, but your new hire date is following a break in service of greater than seven years (another 12 months of service will be required);
- ☐ you have not worked 1,250 hours within 12 months of your need for leave

**You are therefore entitled to parental leave under the state's Parental Leave Act (PLA) and may request up to 12 weeks of PLA leave.** Parental leave under the PLA

- a. will expire 12 weeks after the date of birth, or 12 weeks after the first day an adoptive or foster child is formally placed into your home; and
- b. may be used on an intermittent or reduced hour basis, provided you and your department agree to the proposed work schedule. However, all rights to PLA leave will expire as described in (a).

### Check where applicable:

- ☐ Estimated (or actual) date of natural childbirth: \_\_\_\_\_
- ☐ Date of child placement into home for adoption or foster care: \_\_\_\_\_

### Please note the following additional information regarding PLA Leave:

#### 1. Parental Leave Requests, Documentation Requirements, and Procedures

- The attached medical certification form or other acceptable documentation must be returned to your department within **15 calendar days of your receipt of this notice**. Your failure to provide sufficient documentation by that time may delay or prevent your receipt of PLA or paid leave benefits.
- Please provide your department with your estimated dates of any requested PLA leave as soon as possible.
- For the adoption of a child, you must submit a brief written statement to your department specifying the child's age, the anticipated or actual date of placement into your home, and the number of days of PLA leave requested. Proof of the placement of a foster child in your home must also be provided.
- **Birthing Parents:** If you decide to return to work prior to the date on your medical documentation, you will need a release from your doctor.
- **Non-Birthing Parents:** Absences in excess of three continuous working days must be supported by appropriate medical documentation.

#### 2. Paid and Unpaid Leave

- Birthing Parents
  - Appropriate paid leave (sick, vacation, compensatory time, etc.) will be used for doctor appointments, prenatal visits, and medical recovery after childbirth (eligible for sick leave pool after the birth of the baby).
  - Leave without pay will be applied where appropriate. PLA leave starts at the date of birth or child placement into home for adoption or foster care.

- **Non-Birthing Parents**
  - Appropriate paid leave (sick, vacation, compensatory time, etc.) will be used for medical appointments and prenatal visits.
  - After the initial 5 days of sick leave at birth, the non-birthing parent will begin using vacation and once exhausted will use unpaid time off unless there is a serious health condition with the spouse or child without PLA leave starts at the date of birth or child placement into home for adoption or foster care.
- Paid and unpaid leave will run concurrently with your parental leave; and will require two entries in Workday. All rules and regulations regarding paid and unpaid leave will apply to your absences.

3. You will be required to remain in contact with your supervisor/Manager as required by the policies of your department and Texas A&M University. We will expect you to return to work as indicated by the applicable physician's statement(s) and/or your approved leave request.
4. You will be responsible for making applicable monthly payments toward your health insurance if on an unpaid leave of absence of more than 30 days. Please contact Benefits Services at (979) 862-1718 or [benefits@tamu.edu](mailto:benefits@tamu.edu) if you have questions about your premium payments. Your group health coverage for dependents and optional coverage may be cancelled as allowed by TAMU policies if payments are not made in a timely manner.

## 5. Parental Leave Rules and Regulations

- Section 11 of *System Regulation 31.03.05* – [Family and Medical Leave](#)
- [Texas Statute 661.913](#)

## 6. Employee Signature Provisions

Your signature below shows acknowledgment of receipt of this letter of notification and also advises you of the following:

- a. You should review the entire contents of this memorandum (along with any attachments) upon receipt and contact your Hub HR Professional in the event you have questions regarding your leave.
- b. You must contact your Hub HR Professional in the event you are unable to provide documentation by the deadline requested.
- c. PLA leave will be applied to your leave balances where appropriate and relative to your condition or circumstances. You must advise your Hub HR Professional if your condition changes or if the circumstances of your parental leave change.
- d. State or university regulations may apply to your leave if unique circumstances are otherwise not covered in this memorandum or applicable attachments.
- e. If you have received this information on *behalf* of an employee, you must provide this information to the employee as soon as possible.
- f. You are strongly encouraged to contact HROE Leave Administration at [leave@tamu.edu](mailto:leave@tamu.edu) or (979) 8624027 if you believe your parental leave rights have been violated.

## 7. Signatures

My signature indicates I have provided PLA information to the employee below or designee:

---

HR Professional Signature

Date

My signature indicates I have received PLA information:

---

Employee/Designee Signature

Date

**Certified Mail#:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

Memo must be mailed if employee is not available for signature.

### INSTRUCTIONS

**Employee:** Submit to your department's [HR Professional](#)

**HR Professional:** Provide a copy to the employee after obtaining signature; attach return receipt if mailed certified or if it was emailed

### NEED HELP?

HROE Leave Administration  
979.862.4027 | [Leave@tamu.edu](mailto:Leave@tamu.edu)