

Parental Leave Act Letter

Department (<i>Please no abbreviations – print</i>)	Date:
Department FMLA Administrator	Administrator 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.
- **Mothers:** If applicable, you will be required to present a fitness-for-duty certificate if medical information on file is unclear as to whether or not you can safely return to work and perform your duties. Lack of clear documentation may result in the delay of your return to work until sufficient information is received.
- **Fathers:** Absences in excess of three continuous working days must be supported by appropriate medical documentation.

2. Paid and Unpaid Leave

- Mothers
 - Appropriate paid leave (sick, vacation, compensatory time, etc.) will be used for doctor appointments, prenatal visits, and medical recovery after childbirth.
 - 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.
- Fathers

- Appropriate paid leave (sick, vacation, compensatory time, etc.) will be used for medical appointments, prenatal visits, and care for the child and/or mother before and after childbirth.
- 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.
- Paid and unpaid leave will run concurrently with your parental leave; 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 work area 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 during PLA leave. Please contact Benefits Services at (979) 862-1718 or 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 appropriate personnel in your department in the event you have questions regarding your leave.
- b. You must contact your supervisor 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 administrator if your condition changes or if the circumstances of your parental leave change.
- d. **Important:** Please note the following regarding your PLA balance:
 - Your PLA balance is available through your department's leave program or database (KRONOS, etc.). Contact your department's leave administrator in the event you are unable to access your PLA balance or if you are not in a leave-eligible position (student employee, wage employee, etc.)
 - You are responsible for notifying appropriate department personnel in a timely manner if you believe your PLA balance is incorrect.
- e. State or university regulations may apply to your leave if unique circumstances are otherwise not covered in this memorandum or applicable attachments.
- f. If you have received this information on *behalf* of an employee, you must provide this information to the employee as soon as possible.
- g. You are strongly encouraged to contact ER at (979) 862-4027 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:

Administrator/ Designee 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 FMLA Administrator
FMLA Administrator: Provide a copy to the employee after obtaining signature; attach return receipt if mailed certified or if it was emailed

NEED HELP?

HROE Employee Relations Department
 979.862.4027 | Employee-Relations@tamu.edu