



Paid Parental Leave Request Form

Effective January 1, 2026
 Authorized by House Bill 1063 (2025 Regular Session)

Section 1: Employee Information

Full Name:	A#:
Job Title:	Cell#:
Department:	Work Phone:
Email:	Supervisor's Name:

Section 2: Qualifying Event

Birth of a Child	Legal Adoption of child (under 18 years)
Date of Birth / Adoption	Child's name (if available)
Expected Leave Start Date:	Expected Return-to-Work Date:
Caregiver Designation:	Primary (6 weeks) Secondary (2 weeks)

Section 3: Other Parent Information (if State Employee)

Other Parent's Name:	Department/Agency:
Other Parent's Caregiver Designation	Primary (6 weeks) Secondary (2 weeks)

Section 4: Employee Certification

I certify that I have been employed by the State of MS for at least 12 consecutive months in a full-time, permanent position. I am the child's primary or secondary caregiver for the period requested. Only one parent can be a caregiver at a time. I have provided 30 day' notice, or if not possible due to exigent circumstances, I have notified my supervisor at the earliest opportunity. I understand that paid parental leave may be restricted due to public safety concerns at the discretion of the agency head. Paid parental leave runs concurrently with FMLA (if available) must be used within 12 weeks of the birth or adoption, and is not payable upon separation. I certify this is true. Falsification is subject to disciplinary action up to termination and recoupment of benefits.

Employee Signature:

Section 5: Supervisor Acknowledgement

Supervisor Name:	Date:
Signature:	Comments:

Section 6: HRM Use Only

Eligibility Verified? Yes	No	
Date of Hire:	Consecutive Service Verified (12months)	
FMLA Running Concurrently ?	Yes	No
Documentation Attached ?	Yes	No
HRM Approval?	Yes	No
HRM Representative:	Date:	
Signature:	Comments:	