

UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
WASHINGTON, DC

FSIS NOTICE

10-22

3/2/22

PAID PARENTAL LEAVE

I. PURPOSE

This notice provides guidance on Paid Parental Leave (PPL) as authorized in the Federal Employees Paid Leave Act (FEPLA) and how eligible employees can use up to 12 weeks of PPL under the Family and Medical Leave Act (FMLA) in place of the entitlement to leave without pay (LWOP). This notice outlines eligibility requirements for PPL, the work obligation for those who use PPL, how to request PPL, and the proper transaction code (TC) to use for PPL in WebTA. ([5 CFR 630, Subpart Q](#)).

II. ELIGIBILITY REQUIREMENTS FOR PPL

A. An employee who will be the parent of a child in connection with a qualifying childbirth or placement event (newly placed through adoption or foster care) that occurred on or after October 1, 2020; and

B. An employee must meet all eligibility requirements to use leave under FMLA. An employee must:

1. Have completed at least 12 months of service under an appointment type that is covered under FMLA; and
2. Be a full-time or part-time employee serving under an appointment covered by FMLA. (Employees on an intermittent work schedule or on a temporary appointment with a time limitation of one year or less are not eligible to use PPL.)

III. LEAVE ENTITLEMENT

A. Eligible full-time employees are entitled to up to 12 weeks (480 hours) of PPL in place of the entitlement to LWOP under FMLA following childbirth or the new placement of a child through adoption or foster care. Supervisors cannot deny a request for PPL as long as the employee provides sufficient supporting documentation listed in Attachment 1.

B. Eligible part-time employees are entitled to a prorated amount. For example, part-time employees with a biweekly work requirement of 40 hours would be entitled to 6 weeks of PPL.

C. Eligible employees may elect to use PPL at any time during the 12-month period that immediately follows childbirth or the placement event.

D. Eligible employees are permitted to use PPL intermittently.

E. Eligible employees may voluntarily elect to use annual and/or sick leave prior to invoking FMLA to use PPL. However, employees cannot be required to use annual or sick leave prior to using PPL.

DISTRIBUTION: Electronic

NOTICE EXPIRES: 3/1/23

OPI: OPPD

F. The use of FMLA for other purposes may affect the use of PPL (See 5 CFR 630.1703(b)(2)).

G. Entitlements do not change when both parents are federal employees. In this case, both employees may be eligible for PPL for up to 12 weeks during the 12 months following childbirth or a placement event. If an employee is already in a 12-month FMLA period at the time of childbirth, adoption, and foster care, the PPL available for use is offset by the number of hours already used. Once that 12-month period ends, the employee can use any remaining hours of PPL as long as it is used within the first year from the qualifying event.

H. Employees who intend to invoke FMLA and use PPL must submit a leave request and provide sufficient documentation from the list found in Attachment 1.

IV. DOCUMENTATION

A. Employees are required to provide supporting documentation to their supervisor. If documentation is not immediately available, use of PPL is considered provisionally approved until supporting documentation is received. See Attachment 1 for examples of appropriate documentation.

B. An employee has 15 calendar days upon request by supervisors to provide the requested documentation and can be granted a one-time extension of another 15 calendar days if, despite diligent, good faith efforts, the employee is unable to obtain the documentation within the initial 15-day period.

1. An employee who fails to provide the required supporting documentation within the specified period has not established the entitlement to use PPL. In this situation, the employee may be allowed to use other forms of paid or unpaid leave, as appropriate.
2. In circumstances where it is determined that employees acted fraudulently, they may be charged as absent without leave (AWOL) and their supervisor may pursue other appropriate action through the Labor and Employee Relations Division.

V. WORK OBLIGATION

A. Before beginning a period of PPL, an employee who requests PPL is to sign a written agreement and submit it to their supervisors. This agreement outlines the requirement to return to work for at least 12 weeks upon the conclusion of PPL. See Attachment 2 for the agreement template.

B. An employee who does not complete the 12-week work obligation is required to reimburse FSIS for the government share of their Federal Employee Health Benefits (FEHB) premium for the period PPL was used. Reimbursement requirements may not be waived based on matters of employee preference or convenience. For example, a situation where an employee chooses not to return to work to stay home with a well, newborn child would be considered an employee preference or convenience. Waivers are only allowed if specific criteria are met and are approved by the program area Assistant Administrator. Reimbursement will not be required if the employee is unable to return to work with FSIS for the required 12 weeks because of:

1. The continuation, recurrence, or onset of a serious health condition (including mental health) of the employee or the child in connection with the birth or placement event that entitled the employee to PPL;
2. Any other circumstance beyond the employee's control which, in the Agency's judgement, precludes an employee from returning to work with the Agency.

VI. PAY DURING PERIODS OF PPL

- A. Employees receive the same pay they would receive while on annual leave.
- B. Employees whose regular tour of duty includes night pay will not receive night pay when 8 or more hours of leave is used in a biweekly pay period.
- C. Employees will not receive Sunday premium pay while on leave.

VII. TRANSACTION CODES TO BE USED FOR PPL

Employees are to request and properly record PPL. See Attachment 3 for a sample WebTA PPL request. Employees requesting PPL are to use one of the following transaction codes:

- 1. 62 Biological Birth
- 2. 62 Adoption
- 3. 62 Foster Care

VIII. QUESTIONS

Refer questions regarding this notice to the Human Capital Planning and Accountability Branch at FSISHR1@usda.gov with the subject "Paid Parental Leave," or call 1-877-FSIS-HR1 (1-877-374-7471), option 4.



Assistant Administrator
Office of Policy and Program Development

Types of Supporting Documentation for the Use of Paid Parental Leave

As described in the Paid Parental Leave regulations (5 CFR 630.1703(h)), at the request of the employee's agency, an employee must provide the agency with appropriate documentation that shows that the employee's use of paid parental leave is directly connected to a birth or placement that has occurred.

The regulations do not provide an exhaustive list but rather provide that an agency is responsible for determining what documentation is sufficient proof of entitlement. Additional examples of documentation that an agency may consider requesting following the birth of an employee's child or the placement of a child with the employee for adoption or foster care are provided below.

This list is not exhaustive and is provided only to assist agencies in determining which documentation they may ultimately request. Agencies that decide to request documentation may consult with their General Counsel's office to determine the documentation they will require.

Childbirth

1. Birth certificate
2. Document naming employee as second parent, such as declaration of paternity or court order of filiation
3. Appropriate court documents
4. Consular report of birth abroad
5. Documentation provided by the child's healthcare provider
6. Hospital admission form associated with the delivery
7. Other documentation approved by the agency

Adoption

1. Documentation provided by the adoption agency confirming the placement and date of placement
2. Letter signed by the parent's/parents' attorney confirming the placement and date of placement
3. Immigrant visa for the child issued by U.S. Citizenship and Immigration Services
4. Adoptive placement agreement
5. Independent adoption placement agreement
6. Other documentation approved by the agency

Foster Care

1. Foster care placement record
2. Other documentation from the foster agency confirming the placement and date of placement
3. Foster care placement letter issued by the relevant local department of social services or authorized voluntary foster care agency
4. Other documentation approved by the agency

Template: Agreement to Complete 12-Week Work Obligation

I, [insert employee's name], understand that the usage of paid parental leave requires that I complete a 12-week work obligation at the agency employing me at the time I conclude using paid parental leave granted in connection with the birth or placement (for adoption or foster care) of my child.

I agree to return to work and complete the required 12 weeks of work. I understand that 12 weeks of work will be converted to hours of work based on my work schedule, consistent with OPM regulations at 5 CFR 630.1705.

I understand that the required 12-week work obligation is fixed and not proportionally reduced if I use less than 12 weeks of paid parental leave. I understand that only actual work periods when I am on duty (during my scheduled tour of duty) will count toward the 12-week work obligation. I understand that periods (paid or unpaid) of leave and time off (including holiday time off) do not count towards the completion of the 12-week work obligation.

I understand that only work performed after use of paid parental leave concludes counts toward the 12-week work obligation. I understand that any period(s) of work during intermittent usage of paid parental leave (i.e., work performed prior to the conclusion of the use of paid parental leave) does not count toward the 12-week work obligation.

I understand that, if I fail to return to work and fully complete the required 12-week work obligation, any agency that employed me during a period of time in which I used paid parental leave may require a reimbursement equal in amount to the total amount of any Government contributions paid by the agency(ies) on my behalf to maintain my health insurance coverage under the Federal Employees Health Benefits (FEHB) Program established under 5 U.S.C. chapter 89 during that period of time, unless I meet statutory conditions that bar application of such a reimbursement requirement. If I do not meet those conditions and if my agency determines that reimbursement must be made, I understand that it must seek collection of the full amount and that there is no authority for a partial waiver of the amount owed.

I understand that, if I separate from the employing agency to which the 12-week work obligation is owed before completing that obligation, such separation is considered to be a failure to meet that obligation. I understand that, in that circumstance, I will not be allowed to complete the work obligation at a later time. (Note: An intra-agency reassignment without a break in service will not be considered a separation.)

If an affected agency determines that the reimbursement requirement applies, I agree to make the required reimbursement to that agency and to permit offset of Federal payments to recover the amount owed. However, I reserve the right to challenge the agency decision through any applicable administrative or judicial process and to seek return of any amounts erroneously collected from me.

Employee's Signature _____ Date: _____

Note: Employee's paid parental leave request must be attached to this work obligation agreement.


[Employee Main Menu](#) > [Leave Requests](#) >

Leave Request Form

[Pending](#) [Approved](#) [Denied](#)

Items marked with an asterisk* are required.

Leave Type and Dates

[Leave Balance Calculator](#)

Employee: DOE, JAMIE

* Leave Type: 62 - Biological birth ▼

Transaction Leave Balance: NA

Leave Request Times

* Start Date	* End Date	All Day	Start Time	Stop Time	Meal Time	Daily Hours	Total Hours	Action
10/25/2021 	11/05/2021 	<input checked="" type="checkbox"/>				8:00	80:00	Delete

[Add New Row](#)

Remarks

Submitter: Invoking FMLA and substituting 12 weeks of paid parental leave for
Remarks: LWOP beginning 10/4/2021 through 1/14/2022.

Approver:
Comments:

Sick Leave Purpose

If you are requesting sick leave, you must indicate the reason.

- ☒ None
☐ Illness/injury/incapacitation of requesting employee
☐ Medical/dental/optical examination of requesting employee
☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
☐ Care of family member with a serious health condition
☐ Other (Provide the reason in Remarks)

Family and Medical Leave Act

☒ I hereby invoke my entitlement to Family and Medical Leave for:

- ☐ None
☒ Birth/Adoption/Foster Care
☐

- ☐ Serious Health Condition of Self
☐ Serious Health Condition of Spouse, Child, or Parent

Certification

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

Privacy Act

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Submit

Cancel