

For: FSA Employees

Paid Parental Leave (PPL)

Approved by: Administrator



1 Overview

A Background

On August 7, 2020, OPM released **Paid Parental Leave for Federal Employee Interim Regulations** to implement the Federal Employee Paid Leave Act (FEPLA). FEPLA allows qualified employees to substitute up to 12 weeks of PPL for Family and Medical Leave Act (FMLA) unpaid leave granted for childbirth, adoption or foster care placement.

B Purpose

This notice:

- provides guidance on the eligibility and use of PPL
- notifies FSA County Office employees that DAFO has extended PPL benefits to them under 7 CFR.

Note: 17-PM will be amended once OPM regulations are finalized.

Disposal Date	Distribution
November 1, 2021 12-11-20	All FSA employees; State Offices relay to County Offices

Notice PM-3040

1 Overview (Continued)

C Contact Information

For questions about paid PPL, contact the appropriate individuals according to this table.

Employees	Contact
FSA State or County Office employees	State Administrative/Executive Officer (AO/EO)
SED's/AO's/EO's	Amy Webbink by either of the following: <ul style="list-style-type: none">• e-mail to amy.webbink@usda.gov• telephone at 406-587-6883.
National Office employees	Christine Claussen by either of the following: <ul style="list-style-type: none">• e-mail to christine.claussen@usda.gov• telephone at 816-926-1949.

2 PPL Benefits

A Eligibility

PPL will be available to both new mothers and fathers for qualifying events that occur on or after October 1, 2020. Employees must be eligible under existing FMLA (5 CFR) rules to be eligible for PPL (see 17-PM, Part 10, Section 2). At least 12 months of service must be completed prior to taking FMLA leave or PPL.

PPL benefits are extended to FSA County Office employees under 7 CFR to the same extent and subject to the same eligibility requirements as GS employees.

B Qualifying Event

A qualifying event is the birth of the employee's child or placement of a newly adopted or foster child. If the employee is not eligible under FMLA at the time of the qualifying event, the employee may establish eligibility during the 12 months following the qualifying event.

If an employee has multiple children born or placed on the same day, the multiple childbirth/placement event is a single event that triggers a single entitlement of up to 12 weeks of PPL.

If the employee has another separate placement or birth during a 12-month period, they are entitled to a second 12-month period of eligibility for PPL that starts with the date of the second birth or placement of a child of the employee. Each event creates a new 12-week entitlement.

2 PPL Benefits (Continued)

C Use of PPL

PPL is a substitute for unpaid FMLA and use of FMLA leave for purposes other than birth or placement of a child (for example, leave based on a serious health condition) during a 12-month FMLA period may reduce the FMLA leave available for birth or placement purposes. PPL cannot be used prior to October 1, 2020, even if the employee is already on FMLA leave.

PPL is subject to the allowable FMLA period of 12 weeks in any 12-month period. Any use of PPL during a given 12-month period will count toward that period's 12-week limit. When 12-month periods overlap, any use of PPL during the overlap will count against each affected 12-month period's 12-week limit.

The 12-week entitlement to PPL is applied on a per employee basis regardless of movement between different agencies during the 12-month period following birth, adoption or foster care placement. Unused PPL may not be carried over.

D Administration of PPL

Supervisors may not require employees to use annual leave or sick leave before allowing PPL.

Note: Employees may use annual or sick leave in accordance with regulations without invoking FMLA to preserve their entitlement.

Supervisors shall allow PPL to be used intermittently.

Employees must submit a PPL request and sign an agreement to return to work for 12 weeks following the leave (see Exhibits 1 and 2). Failure to complete the 12-week work obligation may result in an employee being required to make a reimbursement to FSA for the government contribution to the Federal Employee Health Benefits Program (FEHB) unless the Administrator (or delegee) determines that the employee is unable to return to work for the required 12 weeks because of:

- the continuation, recurrence, or onset of serious health condition (including mental health) of the employee or the newly born or placed child that is related to birth or placement
- any other circumstance beyond the employee's control.

Employees must provide a certification and appropriate documentation from a healthcare provider supporting the use of PPL (see Exhibit 3).

Notice PM-3040

2 PPL Benefits (Continued)

E WebTA

NFC has provided new Time and Attendance codes for PPL.

Transaction Code	Prefix	Description
62	70	Biological birth
62	71	Placement for adoption
62	72	Placement for foster care

Paid Parental Leave Request Form

Exhibit 1 is available in a fillable format at <https://inside.fsa.usda.gov/>. CLICK “Employee Forms” and CLICK “Find Current Forms Using Our Form Number Search”. For “Form Number”, ENTER “Notice PM-3040”.

Paid Parental Leave (PPL) Request Form		
Identifying Information		
Employee name		
Phone numbers (personal and work)	Email addresses (personal and work)	
Name of organization (agency, office, division, branch, etc.)		
Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave		
Reason FMLA leave is being requested:		
<input type="checkbox"/> Birth of a child	<input type="checkbox"/> Placement for adoption	<input type="checkbox"/> Foster care placement
	Anticipated	Actual
Date of birth or placement		
Date use of PPL begins		
Date use of PPL concludes		
Date of planned return to duty (after use of other types of leave)		
Requested method of using PPL: <input type="checkbox"/> Continuous use <input type="checkbox"/> Intermittent use*		
*Reason(s) intermittent leave is being requested:		
*Describe plans for using PPL on an intermittent basis:		
Employee Certifications (initial each box)		
<input type="checkbox"/> I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.		
<input type="checkbox"/> I will provide documentation to support this request, as directed by my agency.		
<input type="checkbox"/> I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that my agency could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation).		
<input type="checkbox"/> If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.		
<input type="checkbox"/> I attest that I am entering into the required work obligation agreement.		
<input type="checkbox"/> I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.		
Employee's signature		Date

Agreement to Complete 12-Week Work Obligation

Exhibit 2 is available in a fillable format at <https://inside.fsa.usda.gov/>. CLICK “Employee Forms” and CLICK “Find Current Forms Using Our Form Number Search”. For “Form Number”, ENTER “Notice PM-3040”.

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.

Types of Supporting Documentation for the Use of PPL

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 PPL 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.