



### **Employee Affirmation**

I affirm that the information provided on this form is complete and accurate. I acknowledge that I have read and understand the Paid Parental Leave information available to me on the HR website and that I will provide the required documentation and other information as may be requested.

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### **DEPARTMENT ACKNOWLEDGEMENT:**

Supervisor/Dept Head Signature \_\_\_\_\_ DATE: \_\_\_\_\_

College Dean (if applicable) \_\_\_\_\_ DATE: \_\_\_\_\_

### **Integration with the Family Medical Leave Act (FMLA)**

This program supplements your FMLA benefits, if available, but does not supersede FMLA notice requirements. If you are eligible for leave under FMLA due to birth or placement of a child due to adoption or foster care, your FMLA leave period will run concurrently with your Paid Parental Leave. FMLA forms will need to be completed in addition to the Paid Parental Leave form. In no cases will the total amount of leave, whether paid or unpaid, granted to the employee under FMLA exceed 12 weeks during the rolling 12-month FMLA period.

<https://www.wku.edu/hr/benefits/healthandwellness/fmla.php>