

DEPARTMENT OF THE NAVY

OFFICE OF THE ASSISTANT SECRETARY (MANPOWER AND RESERVE AFFAIRS)
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

MEMORANDUM FOR DISTRIBUTION

Subj: Department of the Navy Guidance for the Implementation of Paid Parental Leave

Ref: (a) 5 U.S.C. § 6381-6387 (Family and Medical Leave Act of 1993)

(b) 5 CFR Part 630, Subpart L

(c) 5 CFR Part 630, Subpart Q

- 1. On August 10, 2020, the Office of Personnel Management (OPM) issued interim regulations for Paid Parental Leave (PPL). OPM's interim regulations clarify provisions on employee coverage, employee and agency responsibilities, scheduling time to earn and use paid parental leave, documentation, and employee separation or transfer.
- 2. This memorandum establishes the Department of Navy (DON) interim guidance to implement provisions in guidance in accordance with reference (a).
- 3. The paid parental leave authority allows an eligible employee to substitute up to 12 weeks of PPL for their unpaid Family and Medical Leave Act (FMLA) entitlement. An employee must first invoke FMLA for the birth or placement of a child with the employee for adoption or foster care. PPL may be used only in connection with the birth or placement, which results in the employee assuming a parental role with respect to the newly-born or newly-placed child (5 U.S.C. § 6382(d)(2)(B)).
- 4. Prior to the use of the PPL, employees should request, in writing, their intention to use PPL. The request will include the employee identifying information; the plan to substitute PPL for FMLA; the anticipated dates of use; the intent to use PPL continuously or intermittently; and the planned return-to-duty date. Prior to substituting PPL, the employee must sign a 12-week work obligation, agreeing to work for the Department of Defense (DoD) for not less than 12 weeks, beginning immediately after the PPL concludes.
- 5. PPL is available only if the employee has a continuing parental role with respect to the child whose birth or placement triggered the leave entitlement. The employee should provide documentation that the PPL is being used for that purpose.
- 6. Upon the conclusion of the use of PPL, employees will be required to complete a service obligation for a period of 12 weeks regardless of the number of weeks that PPL had been utilized. Failure to complete the 12-week service period may result in the employee repayment of the Government's contribution for Federal Employees Health Benefits premiums during the PPL period of use. Reimbursement may not be required if the employee is unable to return to work for the required 12 weeks because of: (1) the continuation, recurrence, or onset of serious health conditions (including mental health) of the employee or the newly born or placed child that is related to birth or placement, (2) any circumstances beyond the employee's control, or (3) employee moves within DoD to another DoD component without a break in service. In the case

of a newly born or placed child, any serious health condition of the child will be deemed to be related to the applicable birth or placement.

- 7. Paid parental leave may be used no later than the end of the 12-month period beginning on the date of the birth or placement of a child or children. At the end of that 12-month period, any unused balance of paid parental leave granted in connection with the birth or placement permanently expires and is not available for future use.
- 8. The authority to waive employee repayment of the Government's contribution for Federal Employees Health Benefits premiums during the PPL period of use based on conditions set forth in paragraph 6 will be made no lower than the Echelon I or Echelon II levels.
- 9. The time and attendance codes for PPL are currently being developed. In the interim, employees should use type hour code (THC) "LV" (excused absence) and annotate in the comment section the utilization of PPL.
- 10. All bargaining obligations must be met prior to implementation in accordance with local collective bargaining agreements.
- 11. Questions regarding this memorandum may be directed to Dr. Daramia Hinton at Daramia.hinton1@navy.mil.

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