



## Paid Parental Leave for Faculty Request Form

### Section 1 – Completed by Faculty Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates of Anticipated Parental Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

Prefix(s) for course(s) scheduled to teach during anticipated leave (if applicable): \_\_\_\_\_

**I have read and understand the Paid Parental Leave for Faculty Program Guidelines that include, but are not limited to, the following terms:**

- Upon separation from employment or upon transfer between an annual leave and a non-annual leave accruing appointment, prior to leave payout, hours utilized for paid parental leave will be deducted.**
- As a condition of participation, I acknowledge that there is an expectation that I will return to University employment for a minimum of one (1) academic year for faculty members with instructional responsibilities or for a minimum of one (1) calendar year for faculty members without instructional responsibilities.**
- Failure to comply with the terms set forward in this signed agreement shall result in the requirement of repayment of salary received during the paid parental leave.**
- By participating in this benefit program, my tenure clock is to be suspended.**
  - Check Here and submit a written statement if you wish to opt out of this default clock suspension.**

**My signature below indicates my express agreement and understanding of the terms of the Program.**

Faculty Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit to Direct Supervisor or Academic Chair**

### Section 2 – Completed by Department

Department Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chair/Supervisor: \_\_\_\_\_

Chair/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to College Dean (as appropriate)**



## Paid Parental Leave for Faculty Request Form

**Section 3 – Completed by the College Dean (as appropriate)**

Dean: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

**Submit to Campus Academic Affairs Office**

**Section 4 – Completed by the Campus Academic Affairs Office**

Academic Affairs: \_\_\_\_\_

Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR USF-HEALTH FACULTY

Route to:

**Office of Faculty Affairs**  
(Attention: Faculty Relations)  
12901 North Bruce B. Downs Blvd; MDC 53  
Tampa, Florida 33612  
(813) 974-5105

Copy to:

**Division of Human Resources**  
(Attention: FMLA)  
4202 East Fowler Avenue; SVC 2172  
Tampa, FL 33620  
(813) 974-5396

FOR USF-POLYTECHNIC FACULTY

**Office of Academic Affairs**  
(Attention: Faculty Affairs)  
3433 Winter Lake Road ; LAC 1192  
Lakeland, FL 33803  
(863) 667-7732

**Division of Human Resources**  
(Attention: FMLA)  
3433 Winter Lake Road; LMA 8003  
Lakeland, FL 33803  
(863) 667-7035

FOR USF-SARASOTA-MANATEE, or USF-TAMPA CAMPUS FACULTY

**Office of the Provost and Senior Vice President**  
(Attention: Faculty Affairs)  
4202 East Fowler Avenue; ADM 226  
Tampa, FL 33620  
(813) 974-2154

**Division of Human Resources**  
(Attention: FMLA)  
4202 East Fowler Avenue; SVC 2172  
Tampa, FL 33620  
(813) 974-2970

FOR USF-ST. PETERSBURG CAMPUS FACULTY

**Division of Academic Affairs**  
(Attention: Faculty Affairs)  
USF St. Petersburg BAY 204  
140 Seventh Avenue South  
St. Petersburg, FL 33701  
(727) 873-4885

**Division of Human Resources**  
(Attention: FMLA)  
USF St. Petersburg BAY 206  
140 Seventh Avenue South  
St. Petersburg, FL 33701  
(727) 873-4105