

Section 1 – Completed by Faculty Member and Submit to Direct Supervisor or Academic Chair

Last Name: _____ First Name: _____

GEMS Employee ID#: _____ Title/Rank: _____

Department Name: _____ College/Division: _____

Employment Type: 12 Month Faculty 9 Month Faculty FTE: _____

Phone Number: _____ Email Address: _____ Mail Point: _____

Note: Instructional Faculty leave period must conform to the dates of the academic semester. Non-instructional Faculty leave period must not exceed 3 months.

Instructional Faculty:

Semester of anticipated leave (e.g., Fall 2015): _____

Typical teaching load (number of courses assigned during the regular academic year semesters): _____

Non-Instructional Faculty:

Anticipated dates of leave: From _____ To: _____

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 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: _____

Section 2 – Completed by Department and Submit to College Dean (as appropriate)

Department Contact: _____ Phone Number: _____

Chair/Supervisor Name: _____
(Printed)

Chair/Supervisor: _____ Date: _____
(Signature)

Section 3 – Completed by the College Dean (as appropriate) and Submit to Appropriate VP Area

Dean: _____ Dean's Signature: _____
(Printed Name) Date: _____

Section 4 – Completed by the VP Area

VP/Designee: _____ VP/Designee's Signature: _____
(Printed Name) Date: _____

Send Original Request to:

USF Tampa Campus:

Office of the Provost and Senior Vice President
Attention: Faculty Affairs
4202 East Fowler Avenue, CGS 401
Tampa, Florida 33620
(813) 974-2154

USF Health Tampa Campus:

Office of Faculty Affairs
12901 North Bruce B. Downs Boulevard, MDC 53
Tampa, Florida 33612
(813) 974-5105

USF Sarasota-Manatee Campus:

Human Resources
8350 North Tamiami Trail
Sarasota, Florida 34243
(941) 359-4224

USF St. Petersburg Campus:

Human Resources
140 Seventh Avenue South, Bay 206
St. Petersburg, Florida 33701
(727) 873-4115