



UNIV

Paid Parental Leave for Faculty Request Form

Section I: Information about Faculty Member

Last name _____ First name _____

GEMS employee ID# _____ Title/rank _____

Date of hire _____

Section IV: Only For Tenure-Earning Faculty

Tenure-earning faculty have the option to stop the tenure clock for one year by participating in this benefit program. Choose one item below:

- † Yes, my tenure clock is to be suspended. With this one-year extension, I will now be considered for tenure in fall of _____.
(year)
- † No, I do not choose to suspend my tenure clock, and I opt out of this default clock suspension.

Section V: Only for Faculty Requesting Partial PPL

If you wish to take Partial Paid Parental Leave, you must provide:

- A legitimate education or student-related purpose (e.g. the teaching assignment is so unique that no adjunct is available; a student's dissertation defense has already been scheduled);
- A legitimate research purpose (e.g. a grant submission deadline for federal funding is approaching and the development of the grant proposal requires you to finish the proposal or work with the research team); or
- A legitimate clinical purpose (USF Health faculty only).

I wish to apply for Partial Paid Parental Leave on the following Partial PPL/Work FTE basis

- † 90/10 FTE
- † 80/20 FTE
- † 75/25 FTE
- † Other FTE: ____/____ FTE

If selecting Other FTE, please describe work effort:

Reason for requesting Partial Paid Parental Leave:

Section VI: For All Faculty to Acknowledge and Sign

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

- As a condition of participation, I acknowledge that there is an expectation that I will return to university employment for at least one (1) academic year for faculty members with instructional responsibilities or for at least one (1) calendar year for faculty members without instructional responsibilities.
- Failure to comply with the terms set forward in this signed agreement may result in the requirement of repayments of salary received during the paid parental leave.
- To accept this benefit, I understand the university designates Paid Parental Leave as an FMLA event and requires that I submit the required FMLA documentation from my (or my spouse's) physician to the Central Human Resources (CHR), to ensure university compliance with federal rudiments.

- I understand I need to complete and submit FMLA paperwork up to 30 days after approval of this PPL request.
- I acknowledge that I am eligible to participate in this program up to two times.

My signature below indicates my agreement with, and understanding of, the terms of the program.

Faculty member's signature: _____ Date: _____

SIGNATURES

Department contact _____ Phone # _____

Chair/director/supervisor name (printed) _____

Chair/director/supervisor signature _____ Date _____

For departmental or college verification:

† Yes † No The faculty member has submitted the required FMLA documentation to CHR.

† Yes † No If the tenure clock is extended, I verify the date entered for consideration is correct.

Eligibility Verification for USF Health Faculty Only: 1 year Paid Faculty Service

Dean name (printed) _____

Dean signature _____ Date _____

VP/designee name (printed) _____

VP/designee's signature _____ Date _____

Send this completed form to:

Office of the Provost and Executive Vice President
 Attention: Brooke Deen
 bdeen@usf.edu
 For questions or assistance: (813) 974-5649

USF Health Faculty and Academic Affairs
 Attention: Olga Joanow
 ojoanow@usf.edu
 For questions or assistance: (813) 974-1352