



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 and this agreement.

Faculty Member's Signature: _____

Date: _____

Submit to Direct Supervisor or Academic Chair



Paid Parental Leave for Faculty Request Form

Section 2 – Completed by Department

Department Contact: _____ Phone Number: _____

Chair/Supervisor: _____

Chair/Supervisor Signature: _____ Date: _____

Submit to College Dean (as appropriate)

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

Route to:

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

Copy to:

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

FOR USF-HEALTH FACULTY

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

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

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