



Human Resources  
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Office of Faculty Development and Advancement  
 211 Westcott, 222 S. Copeland Street  
 Tallahassee, FL 32306-1480  
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# Paid Parental Leave Request Form & Agreement

## For In-Unit Faculty Members

### Section 1 – Faculty Information

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

Title: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

Date of Anticipated Parental Leave

From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Anticipated Birth or Placement for Adoption: \_\_\_\_\_

Course(s) scheduled to teach during anticipated leave (if applicable): \_\_\_\_\_

**I understand that any paid parental leave taken will be deducted from my leave balance(s) upon separation from the University. Additionally, I understand that I must return to the University for a minimum of one (1) academic year following participation in the program. Not fulfilling this commitment will result in my repayment of the portion of the parental leave used in excess of my leave balances.**

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

### Section 2 – Completed by Department

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

Requesting Teaching Replacement Costs? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_

Funding Account Code: \_\_\_\_\_

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

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Vice President Name: \_\_\_\_\_

Dean/Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Research Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (C&G Funded Faculty Only)

Please send the form to the Office of Faculty Development and Advancement for the final signature. OFDA will send the completed form to Human Resources and the Budget Office.

VP for Faculty Development and Advancement Signature: \_\_\_\_\_ Date: \_\_\_\_\_