



Paid Parental Leave Request Form & Agreement

Faculty Information

Faculty Name: _____ Employee ID: _____ Rec. #: _____

College: _____ Department: _____

Phone Number: _____ Email Address: _____

Date of Anticipated Birth or Placement for Adoption: _____

Date of Anticipated Paid Parental Leave: From: _____ To: _____

Course(s) schedule 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: _____

Department Information & Approval

Department Contact: _____ Phone Number: _____

Requesting Teaching Replacement Cost: _____ Amount: _____

Funding Account Code: _____ Email Address: _____

Chair/ Supervisor Name: _____

Chair Signature: _____ Date: _____

Dean/Vice President Name: _____

Dean/Vice President Signature _____ Date: _____

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

VP for Faculty Development & Advancement Signature: _____ Date: _____

Note: Teaching replacement costs are only available for E&G funded faculty and will not exceed \$4,000 per course for 3 classes.