

## 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.*