

Paid Parental Leave Request Form & Agreement

POSTDOCTORAL INFORMATION

Employee Name: _____ Employee ID: _____ Rec #: _____

FTE: _____ Hire Date: _____ Department: _____

Department Rep Name: _____ Department Rep Email: _____

Anticipated Birth or Adoption: _____ Anticipated Return to Work Date: _____

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

Are there any provisions of the policy that deem the postdoctoral scholar ineligible? ☐ Yes ☐ No

Will another FSU employee be taking Paid Parental leave for this birth? ☐ Yes ☐ No If yes, provide name: _____

Does the postdoctoral scholar agree to the repayment provisions if the return-to-work requirements are not met? ☐ Yes ☐ No

By signing below, I understand that I must return to the University for a minimum of three(3) months and physically work 300 hours following participation in the program. Failing to fulfill this commitment will result in my repayment of the portion of the parental leave used in excess of my available paid time off (PTO) balance. I also understand that if I have not been approved for FMLA (Family Medical Leave Act) by the Office of Human Resources, I must provide supporting documentation certifying the birth or adoption placement before the conclusion of program participation.

Employee Signature: _____ Date: _____

APPROVAL

Supervisor Name: _____ Signature: _____ Date: _____

Dean/Director Name: _____ Signature: _____ Date: _____