

## 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: \_\_\_\_\_