FSU | OFFICE OF HUMAN RESOURCES

A6200 University Center
Tallahassee, FL 32306-2410
Phone: (850) 644-4017
Email: HR-AttendanceLeave@fsu.edu

Office of Faculty Development & Advancement
211 Westcott, 222 S. Copeland Street
Tallahassee, FL 32306-1480
Phone: 850-644-6876

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:** _____

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.