

Paid Parental Leave for Faculty Request Form

Section I: Information about Faculty Member

Last name _____ First name _____
GEMS employee ID# _____ Title/rank _____
Date of hire _____ Email address _____
Department/unit _____ College/division _____
Phone # _____ Mail point _____

Section II: Information about Assignment/Appointment

In each category, check only one option.

Campus: ☐ Tampa
☐ St. Petersburg
☐ Sarasota-Manatee

Employment type: ☐ 12 month faculty
☐ 9 month faculty

Tenure Status: ☐ Tenured (year tenure was effective _____)
☐ Tenure-Earning
☐ Non-Tenure Earning

For Instructional Faculty Only: Number of courses typically taught in a semester _____

Section III: Information about Requested Leave at 100% PPL

Complete the information below for either Instructional or Non-Instructional faculty.

Instructional faculty leave period must conform to the dates of the academic semester.

Semester and Year of Anticipated Leave: ☐ Fall of _____ ☐ Spring of _____
(year) (year)

Non-instructional faculty leave period must not exceed three months.

Anticipated dates of leave from _____ to _____.
(start date) (end date)

Section IV: Only For Tenure-Earning Faculty

Tenure-earning faculty have the option to stop the tenure clock for one year by participating in this benefit program. Choose one item below:

- ☐ Yes, my tenure clock is to be suspended. With this one-year extension, I will now be considered for tenure in fall of _____.
(year)
- ☐ No, I do not choose to suspend my tenure clock, and I opt out of this default clock suspension.

Section V: Only for Faculty Requesting Partial PPL

If you wish to take Partial Paid Parental Leave, you must provide:

- A legitimate education or student-related purpose (e.g. the teaching assignment is so unique that no adjunct is available; a student's dissertation defense has already been scheduled);
- A legitimate research purpose (e.g. a grant submission deadline for federal funding is approaching and the development of the grant proposal requires you to finish the proposal or work with the research team); or
- A legitimate clinical purpose (USF Health faculty only).

I wish to apply for Partial Paid Parental Leave on the following Partial PPL/Work FTE basis

- ☐ 90/10 FTE ☐ 80/20 FTE ☐ 75/25 FTE ☐ Other FTE: ____/____ FTE

If selecting Other FTE, please describe work effort:

Reason for requesting Partial Paid Parental Leave:

Section VI: For All Faculty to Acknowledge and Sign

I have read and understand the Paid Parental Leave for Faculty Program Guidelines that include, but are not limited to, the following terms:

- As a condition of participation, I acknowledge that there is an expectation that I will return to university employment for a minimum of one (1) academic year for faculty members with instructional responsibilities or for a minimum of one (1) calendar year for faculty members without instructional responsibilities.
- Failure to comply with the terms set forward in this signed agreement may result in the requirement of repayments of salary received during the paid parental leave.
- To accept this benefit, I understand the university designates Paid Parental Leave as an FMLA event and requires that I submit the required FMLA documentation from my (or my spouse's) physician to the Central Human Resources (CHR), to ensure university compliance with federal rudiments.

- I understand I need to complete and submit FMLA paperwork up to 30 days after approval of this PPL request.
- I acknowledge that I am eligible to participate in this program up to two times.

My signature below indicates my agreement with, and understanding of, the terms of the program.

Faculty member's signature: _____ Date: _____

SIGNATURES

Department contact _____ Phone # _____

Chair/director/supervisor name (printed) _____

Chair/director/supervisor signature _____ Date _____

For departmental or college verification:

☐ Yes ☐ No The faculty member has submitted the required FMLA documentation to CHR.

☐ Yes ☐ No If the tenure clock is extended, I verify the date entered for consideration is correct.

Eligibility Verification for USF Health Faculty Only: ☐ at least .75 FTE ☐ 1 year Paid Faculty Service

Dean name (printed) _____

Dean signature _____ Date _____

VP/designee name (printed) _____

VP/designee's signature _____ Date _____

Send this completed form to:

Office of the Provost and Executive Vice President

Attention: Brooke Deen

bdeen@usf.edu

For questions or assistance: (813) 974-5649

USF Health Faculty and Academic Affairs

Attention: Olga Joanow

ojoanow@usf.edu

For questions or assistance: (813) 974-1352