

Paid Parental Leave Request Form for 9 Month UFF Faculty Only

Section 1 – Completed by Facult	y Member	
Full Name: Last	First	M.I.
Title/Rank:		
Department:	College:	
Phone:	Email:	
	do not accrue annual leave are eligible to re	
FACULTY: Semester of anticipated leave (e.g., Fall	2014):	
Typical teaching load (number of course	s assigned during the regular academic year b	by semester):
	Parental Leave for Faculty Program in <i>Article</i> the Paid Parental Leave Procedures for 9 m s:	
 As a condition of participation academic year. 	, I agree that I will return to university emplo	oyment for a minimum of one (1)
	ms set forward in this signed agreement sha during the paid parental leave.	all result in the requirement of
By participating in this benefit	program, my tenure clock will not be stoppe	ed unless requested.
☐ Check here if	you wish to stop your tenure clock.	
My signature below indicates my expre	ess agreement and understanding of the ter	rms of the Program.
Faculty Member's Signature:		Date:

Submit to Direct Supervisor or Academic Chair

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Section 2 – Completed by Department		
Department Contact:	Phone Number:	
Chair / Supervisor:		
Chair / Supervisor Signature:	Date:	
	Submit to College Dean	
Continue 2 Commisted by the College		
Section 3 – Completed by the College	Dean (as appropriate) Dean Signature:	
Deall		
	Date:	
	Submit to Provost	
Section 4 – Completed by Provost		
Provost / Designee:	Provost / Designee's Signature:	
	Date:	
Original to:	Copy to:	
Office of Academic Affairs	Department of Human Resources	
ADM 307- Boca Raton Campus	Attn: Kavon Nikfar	
(561) 297-3068	Bldg IS-4 Room # 114 – Boca Raton Campus	

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(561) 297-0319

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