



Paid Parental Leave Request Form for 9 Month UFF Faculty Only

Section 1 – Completed by Faculty Member

Full Name: _____
Last First M.I.

Title/Rank: _____

Department: _____ College: _____

Phone: _____ Email: _____ Z#: _____

NOTE: Only 9-month UFF faculty who do not accrue annual leave and meet all other requirements specified in the FAU BOT / UFF Collective Bargaining Agreement are eligible to request paid parental leave. The requested leave period must conform to the dates of the academic semester.

FACULTY:

Requested semester of anticipated leave (e.g., Fall 2014): _____

Anticipated date of triggering event (i.e., birth or adoption): _____

Anticipated teaching load (number of courses assigned during the regular academic year by semester):

I have read and understand the Paid Parental Leave for Faculty Program (“Program”) requirements in *Article 17 of the FAU BOT / UFF Collective Bargaining Agreement* and the Paid Parental Leave Procedures for 9-month UFF Faculty that includes, but is not limited to, the following terms:

- As a condition of participation, I agree that I will return to university employment for the minimum period required by the Program.
- Failure to comply with the requirement to return to employment following leave shall result in the requirement of repayment of all salary and benefits received during the paid parental leave.
- By participating in this benefit program, my tenure clock will not be stopped unless requested below:
- Check here if you wish to stop your tenure clock.

My signature below indicates my express agreement and understanding of the terms 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

Section 3 – Completed by the College Dean (as appropriate)

Dean: _____ *Dean Signature: _____

Date: _____

Submit to Provost

Section 4 – Completed by Provost

Provost / Designee: _____ Provost / Designee's Signature: _____

Date: _____

* All conflicts, issues, and concerns should be raised with the Vice Provost prior to signing.

<p>Original to:</p> <p><u>Office of Academic Affairs</u></p> <p>ADM 307- Boca Raton Campus</p> <p>(561) 297-3068</p>	<p>Copy to:</p> <p><u>Office of the Controllers,</u></p> <p><u>Attn: Anely Cabrera, Time & Absence Administrator</u></p> <p>ADM 138 – Boca Raton Campus</p> <p>(561) 297-2862</p>
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