

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	Cc	ollege:			
Phone:		Email:			
NOTE: Only 9-month UFF faculty who do not accrue annual leave are eligible to request paid parental leave. Faculty leave period must conform to the dates of the academic semester.					
FACULTY: Semester of	anticipated leave (e.g., Fall 2014):				
Typical 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 in <i>Article 17 of the FAU BOT / UFF</i>					
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	As a condition of participation, I agree that I will return to university employment for a minimum of one (1)				
academic year.					
• Fai	Failure to comply with the terms set forward in this signed agreement shall result in the requirement of				
repayment of salary received during the paid parental leave.					
• By	By participating in this benefit program, my tenure clock will not be stopped unless requested.				
	☐ Check here if you wish to stop y	our tenure clock.			
My signatur	e below indicates my express agreement and	d understanding of the terms of the Pro	gram.		
Faculty Member's Signature: Date:					



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Section 2 – Completed by Departmen	ıt .			
Department Contact:	Phone Number:			
Chair / Supervisor:				
Chair / Supervisor Signature:	Date:			
Section 3 – Completed by the College				
	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			
	(561) 297-0319			

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