Section 1 – Completed by Faculty Member

Last Name: ___________________________________________ First Name: ___________________________________________

Title/Rank: ___________________________________________________________________________________________

Department: ____________________________________ College: _______________________________________________

Phone Number: ___________________ Email Address: ___________________ Mail Point: __________

NOTE: Instructional Faculty leave period must conform to the dates of the academic semester. Non-instructional
Faculty leave period must not exceed 3 months.

INSTRUCTIONAL FACULTY:
Semester of anticipated leave (e.g., Fall 2012): _________________________________________________________

Typical teaching load (number of courses assigned during the regular academic year semesters): ________________

NON-INSTRUCTIONAL FACULTY:
Anticipated dates of leave: From: __________________________ To: ____________________________

__________________________________________________________________________________________________

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

• Upon separation from employment or upon transfer between an annual leave and a non-annual leave accruing appointment, prior to leave payout, hours utilized for paid parental leave will be deducted.

• 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 shall result in the requirement of repayment of salary received during the paid parental leave.

• By participating in this benefit program, my tenure clock is to be suspended.

☐ Check here if you wish to opt out of this default clock suspension.

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
Paid Parental Leave for Faculty Request Form

Section 2 – Completed by Department

Department Contact: __________________________________________ Phone Number: __________________________
Chair/Supervisor: ____________________________________________
Chair/Supervisor Signature: ____________________________ Date: __________________________

Submit to College Dean (as appropriate)

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

Dean: ___________________________________________ Dean’s Signature: ____________________________
Date: __________________________

Submit to Appropriate VP Area

Section 3 – Completed by VP Area

VP/Designee: ____________________________ VP/Designee’s Signature: ____________________________
Date: __________________________

Original to:
USF HEALTH FACULTY
Office of Faculty Affairs
(Attention: Faculty Relations)
12901 North Bruce B. Downs Blvd.; MDC 53
Tampa, Florida 33612
(813) 974-5105

USF SARASOTA-MANATEE or USF TAMPA FACULTY
Office of the Provost and Senior Vice President
(Attention: Faculty Affairs)
4202 East Fowler Avenue; CGS 401
Tampa, FL 33620
(813) 974-2154

USF POLYTECHNIC FACULTY
Office of Academic Affairs
(Attention: Faculty Affairs)
3433 Winter Lake Road; LAC 1192
Lakeland, FL 33803
(863) 667-7732

USF ST. PETERSBURG FACULTY
Division of Academic Affairs
(Attention: Faculty Affairs)
140 Seventh Avenue South; BAY 206
St. Petersburg, FL 33701
(727) 873-4885

Copy to:
Division of Human Resources
(Attention: FMLA)
4202 East Fowler Avenue; SVC 2172
Tampa, FL 33620
(813) 974-5396

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(813) 974-5396

Division of Human Resources
(Attention: FMLA)
3433 Winter Lake Road; LMA 8003
Lakeland, FL 33803
(863) 667-7035

Division of Human Resources
(Attention: FMLA)
140 Seventh Avenue South; BAY 206
St. Petersburg, FL 33701
(727) 873-4775

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