

# Faculty Paid Parental Leave Request

Faculty member must call Broadspire at (800) 495-2315 to initiate a Faculty Paid Parental Leave claim, and then enter the Broadspire claim number here: \_\_\_\_\_

**Employee information** Date: \_\_\_\_\_

Name Employee ID# Date of hire

Title Department Contact number

Annual work period:  9 month  12 month Pay disbursement period:  9 month  12 month

Purpose of leave Supporting documentation

- Gave birth to a child ..... (1)
- Non-birth parent to a child under one year in age. .... (1), (2)
- Parent to a child under age 6, adopted in the past year . . . . (2), (3)

**Supporting documentation:**

(1) Doctor’s note or email with estimated date of birth or a copy of the baby’s birth certificate.

(2) Faculty member’s memo to the dean or designee describing the faculty member’s role as the primary caregiver while on Faculty Paid Parental Leave. A “primary caregiver” of a child is the parent who has the greater childcare responsibility, if such responsibility interferes substantially with academic responsibilities, and the child is not cared for more than half-time by a spouse, partner or childcare provider (see section 9-AA and 9-A of the Faculty Handbook).

(3) Email, letter or other documentation addressing the date or estimated date of adoption, and the child’s birthdate or estimated date of birth.

**Proposed period of leave**

Start date (mm/dd/yyyy) End date (mm/dd/yyyy)

**Signatures**

Faculty member Date (mm/dd/yyyy) Chairperson Date (mm/dd/yyyy)

Dean/Director Date (mm/dd/yyyy) Provost Date (mm/dd/yyyy)

Submit to disability office for reimbursement purposes (Credit) Pay cycle \_\_\_\_\_

Compensation	Account number	Object code	Amount
Salary (monthly)		05000	
Fringe/Rate		05000	

Home department signature Date (mm/dd/yyyy)

To be completed by Disability department (Debit) Pay cycle \_\_\_\_\_

Compensation	Account number	Object code	Amount
Salary (monthly)	11 0464 0004	24100	
Fringe/Rate	11 0464 0004	24100	
Disability <input type="checkbox"/> ET	29-9010-2000	14325 – Basic 14330 – Supplemental	
PFL applied	29-9010-2000	14340	
			<b>Total:</b>

Disability signature Date (mm/dd/yyyy)