

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	
			Total:

Disability signature Date (mm/dd/yyyy)