

Faculty Paid Parental Leave Request

NOTE: Faculty Paid Parental Leave is a USC benefit for **full-time faculty**. To initiate a leave claim, faculty member must call Broadspire at (800) 495-2315 — *option 1*. Upon completion of this form, submit it to the Faculty Affairs Partner or, if applicable, the Leave of Absence Specialist (LAS).

Employee Information Broadspire Claim Number: _____ Date: _____

Name _____ Employee ID# _____ Date of hire _____

Title _____ Department _____ Contact number _____

Purpose of leave

- Give birth to a child(1)
- Non-birth parent to a child under one year in age..... (1), (2)
- Parent/Guardian or foster parent to a child under age 18, placed into adoption, legal guardianship, or foster care in the past year..... (2), (3)

Supporting documentation

Annual work period:

- 9 months 12 months

Pay disbursement period:

- 9 months 12 months

Supporting documentation:

- (1) Doctor’s note or email with estimated date of birth, copy of the baby’s birth certificate, or hospital record.
- (2) Faculty member’s memo or email 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 sections 3-D(8)(a) and 3-D(8)(b) of the Faculty Handbook).
- (3) Email, letter, or other documentation addressing the date or estimated date of adoption, legal guardianship, or foster care and the child’s birthdate, if applicable, or estimated date of birth.

Anticipated dates of leave Date of event* : _____

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

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) _____

* Date of event refers to the date of delivery (birth) or estimated date of delivery for birthing or non-birthing parents. For guardianship, adoption, and/or foster care this is the date of placement.