

Faculty Paid Parental Leave Request

NOTE: Faculty Paid Parental Leave is a USC benefit for **full-time faculty**. Full-time faculty are entitled to 10 weeks of Faculty Paid Parental Leave pursuant to Faculty Handbook 3-D(8)(b). Faculty Paid Parental leave should be taken in consecutive weeks unless the dean requests that, for school needs, the faculty member take up to three intermittent leaves (in segments no less than 2 weeks) and all leave segments must be included on this form. Any changes to the dates on this form other than the date of event, requires resubmission of this form for approval. To initiate a leave claim, faculty member must call the Third-Party Administrator (TPA) at (833) 622-0139. When this form is completed, submit the completed form to school Faculty Affairs or, if applicable, the Leave of Absence Specialist (LAS).

Employee Information Third Party Administrator 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 month

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 confirming the faculty member’s role as the primary caregiver while on USC 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)**

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.