

MEMORANDUM OF AGREEMENT  
BETWEEN  
THE FLORIDA STATE UNIVERSITY BOARD OF TRUSTEES  
AND  
THE UNITED FACULTY OF FLORIDA – FACULTY UNIT

Parental Leave

WHEREAS, the Florida State University Board of Trustees (“Board”) and the United Faculty of Florida (“UFF”) seek to enhance recruitment efforts and retain faculty; and

WHEREAS, the Board and the UFF seek to provide a parental leave benefit in a fiscally responsible manner,

NOW, THEREFORE, the Board and the UFF agree to the following:

1. **Parental Leave** -- No more than once in the course of a faculty member’s employment at the University, and upon completion of the following conditions, a faculty member shall be granted, upon request, a paid parental leave not to exceed six (6) months when the faculty member becomes a parent or a child is placed in the faculty member’s home for adoption. Paid parental leave will not be granted to two faculty members for the same birth or adoption. This benefit applies only to faculty members who are paid by E&G funds.
2. **Commitment to Reimburse** -- A faculty member who utilizes this benefit shall have the total number of hours of parental leave used deducted from his or her sick leave and/or annual leave balance, if applicable, upon separation of employment from the University or upon transfer between an annual leave and non-annual leave accruing contract. A faculty member whose sick and/or annual leave balance is insufficient to cover the amount of parental leave utilized shall not be responsible for repayment of the balance of the parental leave utilized. A faculty member who is eligible for a leave payout upon separation, or upon transfer between an annual leave and non-annual leave accruing contract, shall have the equivalent amount of hours utilized in parental leave deducted from his or her gross total accrued leave balance, applying sick leave first.
3. **Commitment to Return** -- The faculty member must agree in writing to return to University employment for at least one (1) academic year following participation in the program. Agreements to the contrary must be reduced to writing prior to participation.
4. **Notice and Use With Other Leave(s)** -- Paid leave shall not be granted that relieves the faculty member of both teaching and service assignments for more than one semester. This memorandum does not prohibit deans or chairs from modifying duty assignments before and after the paid leave. The faculty member must request use of the paid parental leave in advance, no later than three (3) months prior to the beginning of the leave. A shorter notice period may be allowed, on a case-by-case basis, for good cause and/or special circumstances, by the faculty member’s supervisor. Unless approved in writing by the faculty member’s supervisor, paid parental leave may not be used immediately before or after Sabbaticals, Professional Development Leave, or Leave Without Pay. Paid parental leave may not be used on a part-time basis, unless the faculty member is partially E&G funded.



# Parental Leave Request Form

## For In-Unit Faculty Members

### Section 1 – Faculty Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Anticipated Parental Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

Prefix(s) for course(s) scheduled to teach during anticipated leave (if applicable): \_\_\_\_\_

**I understand that any paid parental leave taken will be deducted from my leave balance upon separation from the University. Additionally, I understand that I must return to the University for a minimum of one (1) year following the paid parental leave.**

Faculty Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 2 – Completed by Department

Department Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Funding Account Code: \_\_\_\_\_

\*Note: Paid Parental Leave is for in-unit E&G funded faculty only.

Chair/Supervisor: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Vice President: \_\_\_\_\_

Dean/Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions pertaining to paid parental leave should be directed to the Office of the Dean of the Faculties at 644-6876. Additional information may be found at <http://dof.fsu.edu>. **Please fax the completed form to the Office of the Dean of the Faculties at 644-3375.** After the Dean of the Faculties has approved the request, a copy of this form will be sent to the Budget and Analysis Office if replacement costs are associated.