UCF | Human Resources

UNIVERSITY OF CENTRAL FLORIDA

Staff & Non-Unit Faculty Paid Parental Leave Memorandum of Understanding

Paid Parental Leaves are granted to increase an employee's value to the University through opportunities for renewal by addressing the complexity of balancing work and family commitments.

Name:_____ College/Unit:_____

Employee ID: _____ Department (home):_____

I certify that I am a USPS, A&P, Executive Service or Non-Unit Faculty member employed on at least a .75 FTE line, and that I have not previously taken two paid parental leaves at UCF. I am not on a temporary, a term limited, or a visiting appointment. I am the only parent requesting paid parental leave for this qualifying event.

By signature below, I acknowledge I must return to the University for at least one year following participation in this program. If my position is on soft money, I am only eligible to the extent this benefit is permitted by the terms of the contract or grant, the ability to meet a grantor's deliverables, the rules of the funding agency, and adequate funds are available.

I understand and agree that: (i) my paid parental leave period is a time when I have no assigned duties from the university; (ii) to the extent that I have an annual assignment in place when I begin my paid parental leave, the effect of paid parental leave is to relieve me of that assignment, including any committees or other service work; (iii) while I am on paid parental leave, if I choose to pursue scholarly pursuits, such as work on an article, presentation, or grant, I will be doing so voluntarily and not as an assignment from UCF; (iv) prior to the start of my paid parental leave, I will cooperate with my department in the reassignment of my work duties; and (v) if I am in a tenure-earning position at the time of my paid parental leave, my tenure clock will be automatically extended for one academic year (unless I enter into a separate and specific written arrangement otherwise with UCF).

Should I decide not to abide by the terms of the paid parental leave program, I understand and agree that I am responsible for reimbursing UCF within 60 days for the following: all salary and fringe benefits paid to me or on my behalf during the paid parental leave. I understand and agree that, after one year following the end of my paid parental leave, the total number of hours used during my paid parental will be deducted from any sick and/or annual leave balance that I have remaining at the time of either: (a) separation from UCF or (b) transfer between an annual leave and non-annual leave accruing contract.

I further acknowledge that the University's Conflict of Interest/Commitments/Outside Activity/Employment Regulation 3.018 will continue to apply during the paid parental leave period, and that it is my responsibility to update my applicable Potential Conflict of Interest and Commitment AA-21 annual disclosure or HR-11 disclosure at any time an activity begins or ends during this period. I will not engage in outside employment unless approved in advance by my supervisor. I accept that if it is approved my university salary will be reduced by the amount necessary to bring the total income of the paid parental leave period to a level equal to my current

yearly salary rate. I understand that it is my responsibility to report such earnings to the University as soon as possible. By signing this form, I acknowledge and agree to the paid parental leave program requirements as outlined in this document, *UCF Regulation 3.040* and the Human Resources Parental Leave webpage.

Employee Signature: _____ Date: _____

Chair, Director or
Authorized Approver Signature: _____ Date: _____

INSTRUCTIONS (Chair/Director/Authorized Approver): Paid parental leaves are contingent upon Leave of Absence approval. Please sign to acknowledge receipt and forward the signed memorandum to the dean or VP's office.

Funding for the paid parental leave is provided by the college/unit, including the expense of covering any work responsibilities of the absent staff or faculty member.

Dean or Vice President's office use only: MOU must be submitted in conjunction with or after submission of a Leave of Absence request in Workday**.** If any changes are made to the agreed upon timeframe or conditions of the leave, promptly notify loaandworkcomp@ucf.edu or 407-823-3730.

Type of paid parental leave: Up to 16 contiguous weeks at full pay

Dean, Vice-President, or designee Signature: _____

When completed, this memo should be forwarded to Human Resources Leave Administration in conjunction with or after submission of a Leave of Absence request in Workday. Please contact loaandworkcomp@ucf.edu with any questions.

Effective for birth, adoption, or assumption of legal guardianship of a child on or after July 1, 2026. (Revised July 2026)