

In-unit 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:	Employee ID:
College:	Department (home):
least a .75 FTE line, and that I have not previously	nas had continuous service at UCF for one academic year on at a taken two paid parental leaves at UCF. I am not on a temporary, e parent may request leave under this program per qualifying event.
participation in this program. If my position is on	to the University for at least one academic year following soft money, I am only eligible to the extent this benefit is erules of the funding agency, and/or adequate funds are available.
reimbursing UCF within 60 days. This reimbursen fringe benefits paid for or to benefit me during the employed for at least one year, the total number of	aid parental leave program, I understand that I am responsible for ment includes, but is not limited to, repayment of all salary and paid parental leave. After using paid parental leave and remaining f hours used will be deducted from my sick or annual leave balance upon transferring between an annual leave and non-annual leave
Regulation 3.018 will continue to apply during the update my Potential Conflict of Interest and Compor ends during this period. I will not engage in out I accept that if it is approved my university salary income of the paid parental leave period to a level responsibility to report such earnings to the University.	ct of Interest/Commitments/Outside Activity/Employment paid parental leave period, and that it is my responsibility to nitment AA-21 annual disclosure at any time an activity begins side employment unless approved in advance by my supervisor. will be reduced by the amount necessary to bring the total equal to my current yearly salary rate. I understand that it is my resity as soon as possible. By signing this form, I acknowledge rements as outlined in this document and Article 17 of the most perment.
Employee signature Date	Chair/Director signature Date
INSTRUCTIONS (Chair): Paid parental leaves are cacknowledge receipt and forward the signed memorand	ontingent upon leave of absence approval. Please sign to lum to the dean's office.
Funding for the paid parental leave is provide teaching responsibilities of the absent faculty me	d by the college/unit, including the expense of covering any ember.
	elow, please indicate type of paid parental leave. tal leave of absence request form with dates. If any changes as of the leave, promptly notify loaandworkcomp@ucf.edu
Type of paid parental leave Approval signature of	Dean or designee:
☐ 19.5 contiguous weeks at full pay-	12 month instructional employee
□ one semester at full pay-	9 month instructional employee (Fall or Spring)
\Box up to three months at full pay-	non-instructional employee
Semester(s) in which the in-unit faculty paid parer	atal leave will occur: