

**Section 1 – Completed by Faculty Member**

Full Name : \_\_\_\_\_  
*Last First M.I.*

Title / Rank: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOT** : Only 9-month UFF faculty

## **Paid Parental Leave**

