

Faculty Paid Parental Leave Request

NOTE: Faculty Paid Parental Leave is a USC benefit for **full-time faculty**. Leave requests are for 10 consecutive weeks of full-time leave. For faculty on 12-month contracts, no vacation is accrued during the leave. **To initiate a leave claim**, faculty member must call Broadspire at (800) 495-2315 — and then enter the Broadspire claim number here: _____

Employee information

Date:

Name Employee ID# Date of hire

Title Department Contact number

Purpose of leave

Supporting documentation

Annual work period:

Gave birth to a child(1)

9 month 12 month

Non-birth parent to a child under one year in age(1), (2)

Pay disbursement period:

Parent to a child under age 6, adopted in the past year(2), (3)

9 month 12 month

Supporting documentation:

- (1) Doctor's note or email with estimated date of birth or a copy of the baby's birth certificate.
- (2) Faculty member's memo to the dean or designee describing the faculty member's role as the primary caregiver while on 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 section 9-AA and 9-A of the Faculty Handbook).
- (3) Email, letter or other documentation addressing the date or estimated date of adoption, and the child's birthdate or estimated date of birth.

Proposed period of leave

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)

Submit to disability office for reimbursement purposes

(Credit)

Pay cycle

Compensation	Account number	Object code	Amount
Salary (monthly)		05000	
Fringe/Rate		05000	

Home department signature

Date (mm/dd/yyyy)

To be completed by Disability department

(Debit)

Pay cycle

Compensation	Account number	Object code	Amount
Salary (monthly)	11 0464 0004	24100	
Fringe/Rate	11 0464 0004	24100	
Disability <input type="checkbox"/> ET	29-9010-2000	14325 – Basic 14330 – Supplemental	
PFL applied	29-9010-2000	14340	
			Total:

Disability signature

Date (mm/dd/yyyy)