Application for Parental Leave – Part 1. Request

Graduate assistants requesting parental leave must complete this form at least four weeks prior to the anticipated start date of the leave. For more information, refer to “Parental Leave for Graduate Assistants” at funding.graduate.ucf.edu.

Send the completed form to the College of Graduate Studies at gradassistantship@ucf.edu or Fax to 407-823-6442.

Graduate Assistant

Name: ________________________________ UCFID: ________________________________

Knight’s Email Address: ________________________________ Phone Number: ________________________________

Academic Program/Subplan: ________________________________

Request for Parental Leave:

Estimated Date of Birth or Adoption: ________________________________

Anticipated Start Date for Parental Leave: ________________________________

Anticipated Return Date from Parental Leave: ________________________________

If the other parent is a graduate assistant at UCF, please provide this information:

Name: ________________________________ UCFID: ________________________________

Academic Program/Subplan: ________________________________

If this leave request is approved, I understand that:

• I will retain my student status and registration during the leave, as well as all privileges of an enrolled student.

• The parental leave applies to the graduate assistantship position and does not excuse me from required coursework. I am responsible for conferring with my course instructors to develop plans as necessary to make up any academic work that may be missed during the leave.

• The paid leave is for up to six weeks but may be a shorter period, depending on my graduate assistantship agreement(s). My assistantship status will be maintained during the leave, including paid tuition remission and health insurance (if I accepted this coverage offered by the College of Graduate Studies).

Attachment to this form: Please attach your course schedule for the semester(s) of the leave request.

Signature: ________________________________ Date: ________________________________
Academic Program Approval

The duration of the parental leave applies specifically to the graduate assistantship position. However, Academic Program Approval indicates that all faculty who are involved with the student’s graduate study have been informed and will work with the student to develop and complete plans as necessary to make up the academic work missed during the parental leave.

If this leave request is approved, the College of Graduate Studies will pay the assistantship stipend equal to the rate of the existing assistantship agreement(s) during the approved leave period. Arrangements for this payment will be coordinated with the contact person provided below.

If you wish, you may hire a replacement at your own expense to fill the duties of the student on leave. This hire may be done using a short-term OPSGRD or a Supplemental Assignment for an existing graduate assistant. The Supplemental Assignment will be approved by the College of Graduate Studies as long as the replacement is in good academic standing with at least a Graduate Status GPA of 3.00 and has a history of academic progress in the degree program.

Agreement ID(s) for all active assistantship agreements for this student during the anticipated leave period: __________________________

Hiring Department - Provide the contact person to process ePAF(s) for funding account changes:

Name: __________________________
Email: __________________________
Phone: __________________________

Approval Signatures: Individuals listed below will receive notice via email of the leave request decision.

Faculty Advisor: __________________________ Email Address: __________________________ Date: __________
Program Director: __________________________ Email Address: __________________________ Date: __________
Chair of Department: __________________________ Email Address: __________________________ Date: __________

Phone Number: __________________________

College of Graduate Studies:

☐ Approved  ☐ Denied

Signature: __________________________ Date: __________

Dr. John Weishampel, Associate Dean, College of Graduate Studies

Comments:
Application for Parental Leave – Part 2. Anticipated Parent Information

Fill in your name and UCFID below.

Have your health care provider or adoption agency confirm the details below and sign the form.

Send the completed form to the College of Graduate Studies at gradassistantship@ucf.edu or Fax 407-823-6442.

Name: ___________________________ UCFID: ___________________________

Anticipated Parent Information

☐ I confirm that the above named person is pregnant and the anticipated due date is: ___________________________

☐ I confirm that the above named person’s parental partner is pregnant and the anticipated due date is: ___________________________

☐ I confirm that the above named person is awaiting adoption of an infant.

   The anticipated date of adoption is: ___________________________

   The anticipated date of the infant’s arrival is: ___________________________

Comments:

____________________________________________________________________________________________________________________________________________________________________________________

Health Care Provider

Print Name of Health Care Provider: ___________________________

Signature of Health Care Provider: ___________________________ Date: ___________________________

Type of Practice: ___________________________

License Number Issued by Florida Board of Examiners: ___________________________

Health Care Provider’s Address: ___________________________

Health Care Provider’s Telephone Number: ___________________________

Adoption Agency

Print Name of Adoption Agency: ___________________________

Signature of Adoption Agency Official: ___________________________ Date: ___________________________

Adoption Agency’s Address: ___________________________

Adoption Agency’s Telephone Number: ___________________________