



Return from Paid Parental Leave (PPL) Form

Please complete this form no later than the first day of instruction of the semester your leave is scheduled to occur.

This form is only for faculty members who will be taking an eight-week Paid Parental Leave. Those selecting the six-hour course reduction do not need to complete this form.

Name: _____ Title: _____
School: _____ Department: _____
Phone: _____ Email: _____
Alternate phone you can be reached at when off-campus: _____

Anticipated Dates of PPL:
Start Date: _____ Return Date: _____

Alternate Assignment(s):
Date of Meeting with Chair before Leave: _____

Please outline the assignment(s) that you will complete in the portion(s) of the semester(s) that fall outside of the PPL in a memorandum attached to this submission. Upon return from leave, you must provide a brief summary of the work conducted during the portion(s) of the semester(s) that fall outside of the Paid Parental Leave period.

Signature of Faculty Member Date

Signature of Chair Date

Signature of Dean or Designee Date

Once this form is completed, please return it, along with all supporting documents, to the Director of Academic Administration, NVC 4-230, Associate.Provost@baruch.cuny.edu.

FOR OFFICE USE ONLY: Return to Work Date (RTWD): _____

Cc: Dean's Office
 Faculty Workload and Systems Manager