



## Paid Parental Leave Replacement Funds Request

**\*\*TO BE COMPLETED BY REQUESTING DEPARTMENT\*\***

In accordance with the Paid Parental Leave policy ([HR5024](#)), departments with employees on Paid Parental Leave may be eligible for replacement costs associated with maintaining the affected employee's duties. Complete this form to request replacement funds. Submit this completed form to Human Resources in 165 Administration Building. Please note that replacement costs are not provided for positions charged to grants, auxiliaries, or any positions charged to funds where the position benefits are not funded centrally. If you have any questions on the qualification of a position for replacement costs, please e-mail Financial Planning at [budget@memphis.edu](mailto:budget@memphis.edu). In the event parental leave does not occur for the employee in Section I, Financial Planning will reverse the parental leave allocation. Replacement costs for staff are determined using a salary average based on employee classification. Replacement costs for faculty are based on cost per class calculated by college. Replacement cost amounts will be reviewed on an annual basis.

### Section I: Requesting Authority

Departmental Contact Name: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Head Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Section II: Employee on Paid Parental Leave

Employee Name: \_\_\_\_\_ Employee UID#: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Position Number: \_\_\_\_\_ Index # of Employee Position: \_\_\_\_\_

### Section III: Departmental Approval

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV: Human Resources/Financial Planning Use Only

<p>Effective Date of Employee's Paid Parental Leave: _____</p> <p>Benefits Reviewer's Signature: _____</p> <p style="text-align: right;">Date: _____</p>	<p><b>BENEFITS COMMENTS</b></p>
<p>Replacement Cost Amount: \$ _____</p> <p>Staff/Faculty (circle one) Category: _____</p> <p>HR Reviewer's Signature: _____ Date: _____</p>	<p><b>HUMAN RESOURCES COMMENTS</b></p>
<p>Replacement Costs Disbursed: ____ Yes ____ No</p> <p>Disbursement FOAP: _____</p> <p>FP Signature: _____ Date: _____</p>	<p><b>FINANCIAL PLANNING COMMENTS</b></p>