



Intent to Return to Assistantship from Parental Leave

Please submit this form to the College of Graduate Studies (gradassistantship@ucf.edu or Fax 407-823-6442) at least two weeks prior to the end of your parental leave or by the date given to you in your parental leave approval letter.

For more information, refer to "Parental Leave for Graduate Assistants" at funding.graduate.ucf.edu.

Graduate Assistant

Name: _____ UCFID: _____

Yes, I intend to return to my normal graduate assistant duties on this date: _____

No, I do not intend to return to my graduate assistantship when my approved parental leave expires.

Medical Release

If you experienced pregnancy and delivery, please have your health care provider complete the following medical release.

The above named person is fully released to return to normal graduate assistant duties on this date: _____

Comments:

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: _____