

**APPLICATION
For
PAID PARENTAL LEAVE¹**

Instructions: Notice of intent to take paid parental leave, for a period not to exceed eight consecutive weeks, must be submitted to the department chair/unit head and to the Director of Human Resources at least 90 calendar days prior to the proposed date of the leave or when the employee has knowledge of the impending birth or adoption, whichever occurs later. Applicant completes Part I of the form, obtains the signature of the Chair/unit head under Part II (to indicate that he/she has been informed of the anticipated leave and approved the released time schedule under 3.b., as applicable), and forwards the form to the Human Resources Department (“HR”). HR completes Part III of the form, returns a copy to the applicant and to the Chair/unit head, and places a copy in the applicant’s personal personnel file, in accordance with standard procedures.

PART I

(To be completed by employee)

Name: _____ College: _____

Job Title: _____ Department/Unit: _____

Home Address: _____

Phone: (h) _____ (o) _____ (cell) _____

Email: _____

A. I hereby give notice of my intent to take paid parental leave. The expected date of the child’s birth or placement for adoption is: _____. I anticipate taking _____ weeks of paid parental leave commencing:

1. with the birth/placement for adoption; or
2. following the expiration of temporary disability leave taken to recover from childbirth (generally six weeks; eight weeks for a C-section) (for birth mothers only); or
3. from _____ to _____, prior to the birth or adoption, in accordance with subsections 2.b. or 2.c. respectively; or
4. from _____ to _____, in accordance with subsection 2.d, which pertains to couples

5. at the start of the Fall semester (or at the expiration of the approved period of temporary

- For members of the teaching faculty: If the faculty member's leave expires mid-semester, he/she may return either to teach or to administrative duties for the balance of the semester, at the discretion of, and as assigned by, the department chair after consultation with the employee. (Note: Faculty members are encouraged to discuss scheduling issues with their department chairs in advance of the anticipated leave.)

I understand that I will be required to submit proof of my child's birth or proof of the formal placement with me of a child for adoption and proof of said child's age.

Signature: _____ Date: _____

PART II

(To be completed by the department chair or unit head)

I have been informed of the anticipated leave and/or released time.

I approve the scheduling of six contact hours of released time in lieu of paid parental leave under subsection 3.b. as follows: ____ contact hours in Fall 20__; ____ contact hours in Spring 20 __; or, none requested.

I approve do not approve of the modification requested above;

Signature: _____ Date: _____
(Department Chair/Unit Head)

PART III

Description of modification approved (if any), pending written agreement:

APPLICATION APPROVED:

NOT APPROVED:

Ineligible

Inadequate/Incomplete Documentation

Requested Modification Denied

Signature: _____
(Human Resources Director)

Date: _____

September 18, 2020