APPLICATION FOR PARENTAL LEAVE UNDER PPM 8-8.2 IN CONNECTION WITH
BIRTH OR ADOPTION OF A CHILD

Please check appropriate boxes and complete blanks. The request for modified duties or for an
extension to the pre-tenure probationary period or post-tenure review clock must be made within
three months of the arrival of the child. A faculty member requesting modified duties should
notify her or his department chair as soon as possible.

To: □ Department Chairman

Faculty Name (please type)_____________________________________________________

Department_______________________________________________________________

Date___________________________________________________________

Copies to: Academic Dean and cognizant Senior Vice-President

I hereby apply for parental leave with a modification of my duties, or extension of my tenure
clock, or both, under the School of Medicine’s parental leave policy.

1. I am eligible for the parental leave policy which I request at this time

□ as a birth mother.

□ as the primary caregiver for my or my partner’s newborn child or newly adopted child
(please complete the affidavit below).

2. The anticipated (or actual) date of arrival of my child is/was _________________

□ I will be fully absent during the specified time period of _________________

□ I request a modification of my duties for the specified time period of _________________

□ I am not requesting a modification of my duties.

3. Requests to extend the tenure or post-tenure review clock must be made before external
reviewers are solicited to begin a formal review or within three months after the arrival of the
child, whichever is earlier.

□ I wish to extend my tenure or post-tenure review clock by one year.

□ I do not wish to extend my tenure or post-tenure review clock by one year.

□ I am not applying at this time, but may do so within the limits stated above.
4. My proposed salary distribution during this parental leave period is:

- Percent sick leave __________________________
- Percent vacation leave ______________________
- Percent “SOM Contribution leave” _________
AFFIDAVIT OF ELIGIBILITY FOR FACULTY PARENTAL LEAVES OF ABSENCE POLICY (COMPLETE IF APPLICABLE)

I attest that I will be providing the majority of child contact hours during my regular academic working hours for a maximum of 12 weeks per occurrence (24 weeks total parental leaves of absence during employment at the SOM, apportioned in increments according to the faculty member/family unit).

Name (please type)_________________ Department_________________

Signed_________________________ Application date_______________