

# Application for Faculty Parental Leave (Policy 6-315) and Concurrent FMLA Leave for Birth or Adoption

**To:**     Senior Vice President for Academic Affairs (205 Park)  
          Senior Vice President for Health Sciences (5<sup>th</sup> Floor, Building 550)

**Re:**    Application for Parental and Leave Concurrent FMLA Leave for Birth or Adoption

**Name:** \_\_\_\_\_

**Department/College:** \_\_\_\_\_

**Current Rank:** \_\_\_\_\_

Year Tenure Granted: \_\_\_\_\_ First year of probationary period : \_\_\_\_\_  
(if applicable) (if untenured)

I hereby apply for benefits under the university's parental leave policy.

## 1. Eligibility

The  anticipated/ actual date of arrival of my child: \_\_\_\_\_

I am eligible for the requested benefits as:

- a birth mother whose due date falls within the semester or within four weeks of the semester for which I am requesting leave.
- the primary caregiver for my or my partner's newborn child or newly adopted child for which the requested leave will conclude within twelve months after the arrival of my child. **By my signature below I attest that I will be providing the majority of child contact hours during my regular academic working hours for the period of at least 15 weeks during the leave.**

In more detail, please describe the reasoning why the applicant instead of the other parent will serve as the primary caregiver:

- I am asking for an exception to the eligibility criteria.

In more detail, please describe why you are requesting an exception.

## 2. Leave with modification of duties:

For questions, please contact:

Office for Faculty, Academic Affairs ph: 801.581.8763, [officeforfaculty@utah.edu](mailto:officeforfaculty@utah.edu)

*A request for leave with modified duties must be made within three months after arrival of the child. Your department chair should be notified as soon as possible of your intent to request modified duties.*

I am not requesting a leave with modification of duties but am requesting a tenure-clock extension (see below).

I request a leave with modification of duties for the \_\_\_\_\_ semester of \_\_\_\_\_.

**For 12 month faculty:**

I request leave with modification of duties from \_\_\_\_\_ to \_\_\_\_\_.

**3. Extension of period for pre- or post-tenure review.**

I request a one-year extension of my review period.

I will make a decision regarding whether to request a one-year extension of my probationary period within six months of the arrival of my child.

**4. Additional Understandings:**

I understand that I will receive only 95% of my base salary for the leave semester (unless my department/college provides an additional supplement). I will inform the payroll administrator how the reduction should be spread across the year.

I understand that this leave carries an obligation to return to university service for at least one semester.

I understand that my semester of parental leave, like all other leaves (paid and unpaid), will not count as a semester of “academic service” for the purposes of qualifying for university benefits that have a minimum academic service requirement such as sabbatical. I understand that this means each parental leave I take will result in delaying my eligibility for a university benefit with a minimum academic service requirement by one semester.

**5. Applicant’s signature:**

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*Applicant’s signature*

*Application date*

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*Email*

*Telephone contact*

*Applicant instructions:*

Submit signed *original* to  Department Chair and/or  Academic Dean

**6. Departmental signature(s), department/college supplement of salary**

*Please sign the form (and if a semester of leave has been requested, also check the appropriate box regarding salary reduction/contribution and have your payroll administrator sign the form) and send original signatures to the office of the vice president. A copy of the fully completed form will be sent to you and the dean.*

Percentage of Salary During Semester of Leave with Modified Duties (*if applicable*):

For the semester of leave with modified duties the applicant will receive only 95% of her/his salary, as provided under Policy 6-315 (i.e., there will be a 5% reduction of salary for that semester).

The department/college will supplement the applicant's salary by contributing an additional \_\_\_\_\_%, making the total salary for the leave semester \_\_\_\_\_% of normal.

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*Chair's name*

*Signature*

*Date*

**7. Instructions for payroll administrator:** *If the applicant is taking a semester of leave, note carefully whether the applicant's salary for that leave semester will be reduced to 95% (as per Policy 6-315), or will be supplemented to a higher percentage by the department/college. If there is a reduction, the applicant should inform you how the reduction should be allocated across semesters. Because faculty members are usually paid on a 9/12 contract, please plan ahead when you know faculty members will be on parental leave, and process their pay as a 12 month annual or a 9 month annual if they have research funding for the summer, rather than a 9/12 contract. If you have any questions, please call Sandy Hughes @ 581-6455.*

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*Payroll reporter/AA's signature*

*Date*

**8. Vice President's Authorization for transfer of funds to department (for semester of leave)**

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*Senior Vice President or Designee*

*Date*