

# School of Medicine Parental Leave of Absence (Policy 8-002) Application



## Application for Parental Leave for Birth or Adoption CO-PARENT

The co-parent is eligible for one week of paid leave which must be used within **two weeks** before or **six weeks** after the arrival of the child. This co-parent benefit is available a maximum of four times during the faculty member's employment with the School of Medicine if all other requirements are met, including that both parents are employed by the University of Utah School of Medicine.

### 1. APPLICANT INFORMATION

#### Name of Co-Parent Requesting Benefits:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

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

Track:  Tenure-line  Career-line

#### Name of Birth Mother or Eligible Caregiver: (applicable only if also a SOM faculty member)\*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

*\*If spouse/partner is a SOM faculty member he/she may be eligible for birth mother/eligible caregiver benefits as outlined in Policy 8-002. To apply for the benefits he/she will need to complete the Birth Mother/Primary Caregiver Application Form.*

### 2. LEAVE REQUEST

#### I am requesting:

- Co-Parent Caregiving Leave for the birth or adoption of a child as outlined in SOM Policy 8-002

#### Birth mother/eligible caregiver has applied for Parental Leave under Policy 8-002:

- Yes  No

The anticipated arrival date of my child(ren): \_\_\_\_\_

The anticipated start date of co-parental caregiving leave: \_\_\_\_\_

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I hereby apply for co-parent benefits under the University of Utah, School of Medicine Parental Leave Policy (8-002). <http://regulations.utah.edu/academics/8-002.php>

## 3. ELIGIBILITY

Current FTE within the School of Medicine (0.75 or greater required): \_\_\_\_\_

Number of times I have requested parental leave under policy 8-002: \_\_\_\_\_

Number of parental leave weeks I have previously taken under policy 8-002: \_\_\_\_\_

Dates of previous leave(s): \_\_\_\_\_

## 4. LEAVE REQUESTED BY CO-PARENT

- I will take 1 week of leave\*\*
- I am eligible but will not take the benefit

*\*\* The rate of pay will be determined by the faculty member's annual (consisting of base and negotiated) salary included in the FY year budget during which the leave will occur and not including Clinical Incentive Pay up to a maximum of \$179, 700 or the current annual NIH salary cap.*

## 5. EMPLOYEE CERTIFICATION

*By my signature below I attest that I am eligible for the Co-Parent Benefit of one week of paid leave as outlined in Policy 8-002.*

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Date**

## 6. PROCESS

Once this Form is completed and signed, e-mail a PDF or deliver the original application to Piikea Akimseu, Director of Academic Affairs, [piikea.akimseu@hsc.utah.edu](mailto:piikea.akimseu@hsc.utah.edu), School of Medicine, Office of Academic Affairs and Faculty Development, Health Sciences Education Building (HSEB), Suite 5515 (801) 585-6283.

Once the form is received, the SOM Office of Academic Affairs and Faculty Development will obtain the institutional approval signatures and return a copy of the final approved application to the faculty member, Department Chair, Division Chief, and Department Administrator (as applicable) within 5 working days of submission.

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**7. APPROVAL SIGNATURES** (obtained by the Office of Academic Affairs & Faculty Development)

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SOM Vice-Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

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Senior Vice President for Health Sciences Signature \_\_\_\_\_ Date \_\_\_\_\_

**8. APPROVAL SIGNATURES** (to be completed by the SOM Dean's Office of Finance)

University Annualized Base Salary (ABA): \$ \_\_\_\_\_ FY \_\_\_\_\_

Number of weeks requested: \_\_\_\_\_

Total grant support available during leave: \$ \_\_\_\_\_

Total Institutional support during leave: \$ \_\_\_\_\_

**Total Salary and Benefits faculty will receive during leave period: \$ \_\_\_\_\_**

**9. DATES OF ACTUAL LEAVE** (to be completed by the Office of Academic Affairs & Faculty Development when Co-Parental Caregiving Leave has ended)

Start Date of Leave: \_\_\_\_\_

End Date of Leave: \_\_\_\_\_