

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



## Application for Parental Caregiving Leave for Birth or Adoption BIRTH MOTHER / ELIGIBLE CAREGIVER

A request for a parental *leave of absence* should be made no fewer than **three months** prior to the expected arrival of the child.

### 1. APPLICANT INFORMATION

#### Name of Birth Mother or Eligible Care Giver:

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

Employee ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Track:  Tenure-line  Career-line

#### Name of Partner/Spouse/Co-Parent: (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 the co-parent benefit of one week of paid leave as outlined in Policy 8-002. To apply for the benefit he/she must complete the Co-Parent Benefits Application Form.*

### 2. LEAVE REQUEST

#### I am requesting: (check all that apply)

- Parental Caregiving Parental Leave (SOM Policy 8-002)
- Extension of the Tenure or Post-Tenure Review period

#### I am eligible for the benefits outlined in Policy 8-002 as:

- Birth Mother
- Eligible caregiver of her or his own newborn child or domestic partner's child, or of a newly adopted child, within the period for which the leave is sought

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

The anticipated start date of parental leave:\*\* \_\_\_\_\_

**\*\* Leave under this Policy shall begin no sooner than *two weeks* before the birth or *four weeks* before the adoption of the child, and shall be completed no more than *12 months* following the arrival.**

I hereby apply for benefits under the University of Utah, School of Medicine Parental Leave Policy (8-002). <http://regulations.utah.edu/academics/6-314.php>

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



## 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. AMOUNT OF LEAVE REQUESTED

- I will take 6 weeks of leave
- I will take \_\_ week(s) of leave (select 1-5 weeks)
- I am eligible but will not take the leave benefit

Is any of your salary supported by federal funding?       YES       NO

If yes, what percentage of your FTE is covered by federal funding? \_\_\_\_\_

*The maximum length of paid leave under this policy is six weeks per occurrence. The total maximum number of paid weeks under this type of leave allowed is 24 weeks throughout the faculty member's employment with the School of Medicine.*

*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. TENURE EXTENSION (applicable only to faculty members in tenure-line positions)

- I wish to extend my tenure or post-tenure review period by one year
- I do not wish to extend my tenure or post-tenure review period
- I am not applying for a tenure extension at this time, but retain my right to do so within six months after the arrival of my child and before external reviewers are solicited or other action is taken to begin a formal review, whichever is earlier.

## 6. EMPLOYEE CERTIFICATION

*By my signature below I attest that I will be providing the majority of child care as outlined in Policy 8-002 and that I understand the obligation to return to University service following the leave, applicable to other leaves under Policy 6-314-III- Section 9-B.*

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

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

## 7. 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.

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



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.

## 8. APPROVAL SIGNATURES (obtained by the Office of Academic Affairs & Faculty Development)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## 9. 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: \$ \_\_\_\_\_**

## 10. DATES OF ACTUAL LEAVE (to be completed by the Office of Academic Affairs & Faculty Development when Parental Leave has ended)

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

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