

**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\_\_\_\_\_