

**Application for Parental Leave Under Policy 6-315
and Concurrent FMLA Leave in Connection with Birth or Adoption**

Applicant: Please check appropriate boxes, complete blanks, sign, and submit form as instructed below. (Note deadlines: A request for leave with modified duties or for an extension to the pre-tenure probationary period or post-tenure review period 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.)

To: Senior Vice President for Academic Affairs (205 Park)
 Senior Vice President for Health Sciences (5th floor, Bldg 550)

If questions, contact:

Susan Olson, Academic Affairs, 581-8763, susan.olson@utah.edu
Richard Sperry, Health Sciences, 581-5619, richard.sperry@hsc.utah.edu

Name (please print): _____
Department: _____
Current Rank: _____
If tenured, year received: _____
If untenured, first year of probationary period: _____

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

1. Eligibility The anticipated/ actual date of arrival of my child is/was _____ .

I am eligible for the requested benefits (*check one basis*):

- as a birth mother whose due date falls within the academic year or within four weeks before the beginning of the academic year.
- as the primary caregiver for my or my partner's newborn child or newly adopted child, and, **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.**

Please describe in more detail why you rather than the other parent will serve as the primary caregiver:

2. Leave with modification of duties

- I am not requesting a leave with modification of duties.
- I request a leave with modification of duties for the (Fall, Spring) _____ semester of _____ (yr). For 12-month faculty only: I request a leave with modification of duties from _____ (date) to _____ (date).

I understand that under Policy 6-315 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 also understand that this leave carries an obligation to return to university service for at least one semester.

3. Extension of period for pre- or post-tenure review. (Note deadline: Extension requests must be made before external reviewers are solicited to begin a formal review or within three months after arrival of the child, whichever is earlier.)

- I request a one-year extension of my review period.
- At this time, I am not requesting an extension, but I may later do so, before the deadline noted above.
- I do not request an extension.

4. Applicant's signature, submission of original application, and notification of department chair & academic dean:

_____	_____
Applicant's signature	Application date
_____	_____
Email	Telephone contact

Applicant instructions: Submit signed *original* of the form, with *above* parts completed, directly to office of the senior vice president. Check box to indicate that you have provided or within two business days will provide a *copy* of the signed form to:

- Department Chair, and
- Academic Dean

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

Department chair instructions: When you receive a copy of the application, 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). Send a copy with your signatures to the office of the vice president. The VP's office will return a copy of the fully completed form to you and the dean.

