

Name: _____ **Unid:** _____
Faculty Rank: _____ **FTE:** _____
Department(s): _____ **College(s):** _____

Faculty Category: **Tenure-line Faculty 9 month or 12 month** (1 semester or equivalent, 95% of pay)
 Career-line Instructional (semester length courses) (1 semester 95% of pay)
 Career-line Non-instructional (i.e., no semester-length courses) (6 week 95% of pay)

Anticipated/Actual Arrival of Child: _____

Type of Parental Leave:

- Disability Leave** (faculty member who gives birth during the period for which leave is sought or within four weeks before the beginning of that period)
- Care-giving leave** (faculty member provides majority of child contact hours during faculty member's regular working hours during the requested leave). Must be completed within 12 months of the birth or adoption.

Length of Leave:

Fall Semester Spring Semester Year: _____ **OR** Start Date: _____ End Date: _____

Review Clock Extension Request (1 year):

- Leave with Review Extension* Leave without Review Extension Review Extension without leave*
- *review extension may be rescinded at any time prior to the start of a formal review*

Please describe any professional duties that will be done during the leave (if any):

By submitting this application, I understand the following and attest to the following:

1. I will be providing majority of child contact hours during my regular working hours during the leave.
2. I understand I will receive 95% of my base salary for the leave period (unless supplemented).
3. I understand this leave carries an obligation to return to the university for at least the length of the leave.
4. I understand my parental leave, like all leaves (paid or unpaid), will not count as "academic service" for the purpose of qualifying for university benefits that have a minimum academic service requirement.

Requester Signature

Date

By signing the form, I acknowledge this as notification of the requested leave by the faculty member.

I also note that for the requested leave, the department:

- will not supplement the faculty member's salary.
- will supplement the faculty member's salary with the additional % of salary indicated below.

Departmental Supplement %: _____ **Total Salary % for Leave:** _____

Department Chair/Director Signature

Printed Name

Date

By signing this form, I acknowledge this as notification of the requested leave by the faculty member.

Dean Signature

Printed Name

Date

After department/college acknowledgement, send signed form to the cognizant vice president:

- Senior Vice President for Academic Affairs (pendinguniversityapprovals@utah.edu)
- Senior Vice President for Health Sciences (requestapprovals@hsc.utah.edu) (*Nursing, Health, Dentistry, Pharmacy, Eccles Library*)

Senior Vice President Designee Approval

Printed Name of Approver

Date

These leaves are addressed by Policy 6-315 (<https://regulations.utah.edu/academics/6-315.php>). Please send questions regarding leaves to the Office for Faculty at officeforfaculty@utah.edu or 801.581.8763.