INSTRUCTIONS

1. The Faculty Member must complete sections I through III and submit the completed form to the Department Head for initial review and approval.
2. The Department head will review the application with the Dean.
3. The Dean and Department Head will complete Section IV and submit the entire application to the Provost’s Office, via email to facultyleaves@andrew.cmu.edu, for review by the Vice Provost for Faculty.

SUMMARY OF ELIGIBILITY REQUIREMENTS

To be eligible for faculty parental leave you must be:

- A regular faculty member;
- The parent of a newborn child or the adoptive parent of a child of pre-school age; and
- The primary caregiver of the child (see section III below).

Eligible faculty members are entitled to a one semester paid leave of absence with regular salary and benefits. Additional information about faculty parental leave is available in the Faculty Handbook.

Faculty members are encouraged to review the Policy on Faculty Leaves as well as the exclusions from service section of the Appointment and Tenure Policy for details concerning the terms and conditions of the leave of absence. Faculty may also wish to review the Summary of Benefits Eligibility During Faculty Leaves available on the Provost’s Office website.

- Faculty Parental Leave of Absence Policy – http://www.cmu.edu/policies/documents/FacParLeave.htm
- Appointment and Tenure Policy – http://www.cmu.edu/policies/documents/Tenure.html#exclusions
- Summary of Benefits Eligibility – www.cmu.edu/hr/benefits/benefit_programs/forms/faculty-leaves-benefits.pdf

Note: In addition to parental leave, faculty members may have rights under the Family Medical Leave Act, and may be entitled to certain benefits under the University’s Short Term Disability and Long Term Disability Programs. If you have any questions about how faculty parental leave interfaces with your FMLA rights, potential disability benefits, or your employee benefits, please contact the University’s Leaves Manager, Jan Provenzano at extension 8-5072 or jamp@andrew.cmu.edu. Other questions may be directed to James Mercolini, Deputy General Counsel, at jamercol@andrew.cmu.edu.

SECTION I: FACULTY PROFILE

Name: _________________________________

Department Name: ______________________

Faculty Rank and Track (Assistant, Associate, or Full Professor): ______________________

☐ Teaching-Track ☐ Research-Track ☐ Librarian-Track

☐ Tenure-Track, Without Tenure ☐ Tenure-Track, With Tenure
APPLICATION FOR FACULTY PARENTAL LEAVE

SECTION II: LENGTH OF LEAVE

Anticipated birth / adoption date: ________________  If adoption, indicate the age of the child: __________

Semester of Anticipated Leave: □ Fall Semester of 20__ □ Spring Semester of 20__
□ Other (please specify below):

Start Date ______________  End Date ______________

SECTION III: PRIMARY CAREGIVER REQUIREMENT

To be eligible for parental leave, during the period of the leave, you must be the “primary care-giver” for a child. The definition of "primary care-giver" may vary across family situations but the faculty member must have exclusive caregiving responsibility for a child for a significant fraction of the day during the regular work week. A faculty member who has childcare assistance for more than 30 hours per week on average, for instance, would generally not qualify as primary care-giver.

Describe how you meet the “primary caregiver” requirement:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

By signing below, I hereby attest that I will be the primary care giver, as described above, and that I have fewer than 30 hours of paid or unpaid childcare assistance per week

Faculty Member Signature  Date
SECTION V:

College & Department Approval

The above referenced department and college are supportive of Professor __________________’s request for a leave of absence as described in the attached application.

Will the applicant’s tenure decision and/or reappointment/promotion deadlines be delayed?  □ Yes  □ No

If yes, please explain any agreed upon delays:  ____________________________________________________________
________________________________________________________________________________________________________

__________________________________________
Department Head’s Signature  Date

__________________________________________
Dean’s Signature  Date

College / Department Administrative Contact

Please provide the name and contact information for the college or department administrator who will work with the Benefits Office and Human Resources concerning the administrative details of the leave, such as identifying the appropriate Oracle Charge String for the benefits fringe rate (if applicable).

______________________________  ______________________________  ______________________________
Name & Title  Email Address  Phone Number

Upon approval by the College, please submit this form to facultyleaves@andrew.cmu.edu.

Approval By Vice Provost for Faculty

______________________________  Date
Kathryn Roeder  Vice Provost for Faculty

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