

FACULTY PARENTAL LEAVE REQUEST FORM
Parental Caregiving with Modified (Reduced) Duties or Paid Parental Leave

Faculty members should fill out the top part of this form and submit for approval if they are requesting leave for parental caregiving with modified duties or requesting paid parental leave after a qualifying event. The modified duties may be for a period of one academic semester. For information, including eligibility requirements, please see SUU Policy 6.15 and SUU Policy 9.12. Faculty members should submit this form as soon as reasonably possible based on the anticipated circumstances of the Qualifying Event.

INFORMATION FROM FACULTY MEMBER/REQUESTER :

Name of Faculty Member: _____ TNumber: _____

Please indicate which you are electing to take:

☐ PCMD (policy 6.15) - or - ☐ Parental Leave (policy 9.12)

Due date, birthdate, or adoption date, as applicable, for child who faculty member intends to care for during leave (i.e., “qualifying event” date): _____

If PCMD, please select the academic semester for which you are asking to be released from instructional duties:

☐ Fall ☐ Spring ☐ Summer (applicable only if on a 12 month appointment)

AND

Instructional duties account for ____ % of faculty member’s total appointment.

If Parental Leave, please indicate the estimated dates for leave (primary caregiver, up to 6 weeks; secondary caregiver, up to 2 weeks, as applicable and as prorated per the policy): _____ - _____

For either PCMD or Paid Parental Leave, please indicate which courses you are typically scheduled or expected to be scheduled to teach during the semester of intended leave:

Course Name	Course Number	Credit Hours/Instructional Credit Hours (assigned for faculty workload)

I represent and acknowledge that I qualify under the following eligibility requirements:

☐ Parent: a biological or adoptive father or mother who intends to and does care for their new child during the PCMD or Paid Parental Leave period.

Caregiver Status

☐ Primary caregiver: a parent who provides the majority (more than 50%) of care for a child. OR

☐ Secondary caregiver: a parent who provides less than 50% of care for a child (Paid Parental Leave ONLY; no PCMD available). OR

☐ Equivalent caregiver: both parents are faculty members and each intend to give 50% of care for the child and be relieved of half of instructional duties (this **ONLY** applies to situations where two faculty members both elect PCMD; see Policy 6.15)

Name of other faculty member taking leave for same qualifying event: _____

Qualifying Event

☐ Experienced/experiencing a qualifying event, defined as the birth of a child or acceptance of a placement of a child(ren) for adoption (up to 6 years of age), for whom the benefit-eligible employee is a parent, and occurring after August 1, 2021.

☐ Please fill out FMLA paperwork and submit to HR simultaneously with submitting this form. It is available at <https://www.suu.edu/hr/benefits/fmla-workers-comp.html>

Faculty Name

Faculty Signature

Date

DEPARTMENT CHAIR / SUPERVISOR

*concerns to be referred to Human Resources or next-in-line administrator

I have read or am already familiar with the applicable leave policy/policies. I undertook the following steps:

- ☐ Reviewed the above request for compliance with the policy and worked to resolve any discrepancies.
- ☐ Met with faculty member to identify and implement an appropriate modified workload.
- ☐ Leave requested is consistent with applicable policy.
- ☐ Verified above stated percentage of appointment for instructional duties is correct (and resolved discrepancies where necessary).
- ☐ Non-instructional duties expectations are clearly set out in writing or via email--and communicated to the faculty member--for the PCMD period, if applicable (not applicable for paid parental leave), and consistent with the department/unit's expected workload requirements.

Comments for Provost consideration, such as discrepancies in eligibility, specifics about course coverage, etc.: _____

I have reviewed and acknowledge that I believe the faculty member qualifies for the above request, unless otherwise stated above in the comments section.

Print Name and Title

Signature

Date

PROVOST / ACADEMIC DEAN: Review and approval

*concerns to be referred to Human Resources or next-in-line administrator

☐ I do NOT approve faculty member's request above for the following reasons:

- ☐ Not eligible
- ☐ Request of other caregiver makes this request inconsistent with policy.
- ☐ Other: _____

☐ I approve faculty member's request, as follows.

Approve:

☐ PCMD OR ☐ Paid Parental Leave

Dates/Semester: _____

If PCMD:

☐ All Instructional Duties ☐ Portion of Instructional Duties (for equivalent caregivers); percentage/portion: ____%

Print Name and Title

Signature

Date

The Provost's Office will submit the completed Request Form to Human Resources, unless the request is denied and can be remedied. In that circumstance, the Provost's Office may provide the form, including the reasoning to the Department Chair or Supervisor and the faculty member to resolve outstanding issues. The approval for eligibility under the leave Policy is the decision of the Provost, after consultation with Human Resources and others, as needed. Notification of the applicable leave and allocation of FMLA will be made by Human Resources, as indicated below. All approvals are final only when Human Resources sends the communication to the faculty member, as indicated below.

*** * * * * HUMAN RESOURCES OFFICE USE ONLY * * * * ***

☐ Approved for Parental Leave (Policy 9.12); or

☐ Approved for PCMD (Policy 6.15).

Applicable Dates: _____

FMLA Allocations _____

Both parents are eligible faculty members and are equally responsible as caregivers for a child or rotate primary caregiver responsibilities:

☐ One parent elects full PCMD

☐ Each parent elects half PCMD

☐ One parent elects half of their credit load and
other parent elects paid Parental Leave, as
secondary caregiver

☐ Both parents elect paid Parental Leave

Human Resources: send communication to faculty member regarding leave approval, FMLA application, any adjustments to salary, and relevant dates.