

SKIDMORE

C O L L E G E

Faculty Parental Leave Application

Name: _____ Department: _____

Date Hired: _____ Expected date of child's arrival: _____

Skidmore is committed to supporting faculty members by providing them with clear and reasonable options for managing their professional and parental responsibilities. A primary goal of the policy is to allow both the faculty member and the College the opportunity to maintain the integrity of the classroom and avoid placing undue burden on the individual or the department, and remain in compliance with State and Federal laws, including the Family and Medical Leave Act. **Please read the Faculty Parental Leave Policy for all options you are eligible for under this policy before completing this application for leave.**

Please indicate your status by checking the appropriate box in each of the following three sections:

Parental status:

- I am considered the birth parent or primary caregiver for an adopted child
- I am considered the non-birth parent or secondary caregiver for an adopted child

Period of employment:

- I have **NOT** been a faculty member in a full-time position for at least one continuous year
- I have been a faculty member in a full-time position for at least one continuous year

Expected date of child's arrival:

- I am giving birth or adopting a child **between Aug 1 and May 31**
- I am giving birth or adopting a child **between June 1 and July 31**

Complete only one of the following sections:

Birth Parent or Primary Care-Giver

Full-Time Faculty member who has less than one continuous year of service

Birth or Adoption occurring between Aug 1 and May 31

- I am applying for **8 weeks disability at partial pay and half-pay** for the remainder of the semester

OR

Birth or Adoption occurring between June 1 and July 31

- I am applying for **8 weeks disability at partial pay and unpaid leave** for the remainder of my leave

Birth Parent or Primary Care-Giver
Full-Time Faculty member who has at least one continuous year of service

Birth or Adoption occurring between Aug 1 and May 31

I am applying for **8 weeks disability at full pay and full-pay** for the remainder of the semester

Birth or Adoption occurring between June 1 and July 31

I am applying for **one course reduction** for: Spring Semester **OR** Fall Semester
 Semester before birth or adoption, **or**
 Semester after birth or adoption with no salary reduction

OR

I am applying for 8 weeks of full disability pay and unpaid leave for the following:
 Semester before birth or adoption, **or**
 Semester after birth or adoption

Non-Birth Parent Full-Time Faculty Member
At least one year full-time continuous service

I am applying for **one course reduction** for: Spring Semester **OR** Fall Semester
 Semester before birth or adoption, **or**
 Semester of birth or adoption, **or**
 Semester after birth or adoption with no salary reduction

Verification of Service

Faculty member has at least one continuous year of service: Yes No
 Department Chair Initials: _____

 Faculty Member's Signature

 Date

 Department Chair/Program Director's Signature (denotes approval)

 Date

 Dean of the Faculty's Signature (denotes approval)

 Date

 Human Resource's Signature (denotes pay approval)

 Date

- ↳ **Forward completed application to appropriate Department Chair/Program Director**
- ↳ **Department Chair/Program Director forward to Dean of the Faculty**
- ↳ **Dean of the Faculty forward to Human Resources**
- ↳ **Human Resources to send faculty member and Dean of Faculty copy of final approval form**