Skidmore College
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 marking the appropriate line 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:

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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

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Birth or Adoption occurring between June 1 and July 31

- I am applying for one course reduction for ___ Spring or ___ Fall term for ___ semester before birth or adoption or the ___ 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 semester prior to or following birth or adoption

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Non-Birth Parent Full-Time Faculty Member

At least one year full-time continuous service

- I am applying for one course reduction for ___ Spring or ___ Fall term for ___ semester before birth or adoption, ___ semester of birth or adoption, or the ___ semester after birth or adoption with no salary reduction if the birthing parent/primary caregiver does not teach at the College

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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 supervisor and to Dean of the Faculty.
Dean of the Faculty forwards to Human Resources
Human Resources to send faculty member and Dean of Faculty copy of final approval form