

**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
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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
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Expected date of child's arrival:  _____ I am giving birth or adopting a child <b>between Aug 1 and May 31</b>  _____ I am giving birth or adopting a child <b>between June 1 and July 31</b>
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Complete only one of the following sections:

<b>Birth Parent or Primary Care-Giver</b>
<b>Full-Time Faculty member who has <u>less than one</u> continuous year of service:</b>
<b>Birth or Adoption <u>occurring between Aug 1 and May 31</u></b>
_____ I am applying for <b>8 weeks disability at partial pay and half-pay</b> for the remainder of the semester
<b>OR</b>
<b>Birth or Adoption <u>occurring between June 1 and July 31</u></b>
_____ I am applying for <b>8 weeks disability at partial pay and unpaid leave</b> 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 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

**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

**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**