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 <u>less than one</u> continuous year of service:

Birth or Adoption <u>occurring between Aug 1 and May 31</u>

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

OR

Birth or Adoption <u>occurring between June 1 and July 31</u>

_____ 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 <u>at least one</u> continuous year of service:

Birth or Adoption <u>occurring between Aug 1 and May 31</u>

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

Birth or Adoption <u>occurring between June 1 and July 31</u>

_____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

<u>At least one</u> 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