

SKIDMORE

C O L L E G E

Faculty Parental Leave Application

Name: _____

Department: _____

Hire Date: _____

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 the birth parent or primary caregiver for an adopted child
- I am the non-birth parent or co-equal 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

Complete only one of the following 5 sections:

Birth Parent or Primary Care-Giver for Adopted Child
Full-time faculty member with at least one year of full-time continuous employment

- I am requesting **8 weeks disability (or disability equivalent) at full pay and full pay** for the remainder of the semester
- Fall Semester (year 20____) **OR** Spring Semester (year 20____)

Birth Parent or Primary Care-Giver for Adopted Child
Full-time faculty member with less than one year of full-time continuous employment

- I am requesting **8 weeks disability (or disability equivalent) at partial pay and half pay** for the remainder of the semester
- Fall Semester (year 20____) **OR** Spring Semester (year 20____)

Birth Parent or Primary Care-Giver for Adopted Child

Part-time faculty member with at least 4 weeks of part-time continuous employment

I am requesting **8 weeks disability** following the birth of my child **at partial pay** based on the equivalent of NYS short-term disability pay

Fall Semester (year 20____) **OR** Spring Semester (year 20____)

Non-Birth Parent or Co-equal Caregiver for Adopted Child

Full-time faculty member with at least one year of full-time continuous employment

I am requesting **full pay** for the following semester for:

Fall Semester (year 20____) **OR** Spring Semester (year 20____)

Non-Birth Parent or Co-equal Caregiver for Adopted Child

Full-time faculty member with less than one year of full-time continuous employment

I am requesting **half-pay** for the following semester for:

Fall Semester (year 20____) **OR** Spring Semester (year 20____)

Optional Request:

Teaching Load Reduction Split Semesters

Full-time faculty member who has at least one year of full-time continuous employment

In consultation with my Department Chair/Program Director, I request that my reduced teaching load for Faculty Parental Leave be split over two (2) consecutive semesters, within the twelve (12) months of the birth or adoption of my child. One semester will be designated as the semester of full pay Faculty Parental Leave for benefits tracking purposes. The semester-equivalent of reduced teaching load, and proportional reduction in scholarly and service commitments if applicable, are requested as follows:

Fall Semester (year 20____) course(s) not taught include:

Fall semester credit/contact hours reduced: _____

Spring Semester (year 20____) course(s) not taught include:

Spring semester credit/contact hours reduced: _____

Note: This is not an option that is in addition to a requested semester of Faculty Parental Leave at full-pay, which may include a disability leave period for a birth parent, that occurs during an academic semester.

Verification of Service

Faculty member has at least one continuous year of full-time service:
Department Chair/Program Director's Initials: __

Yes

No

Faculty Member's Signature

Date

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

Date

Associate 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 Associate Dean of the Faculty**
- ↳ **Associate Dean of the Faculty forward to Human Resources**
- ↳ **Human Resources to send faculty member and Associate Dean of Faculty copy of final approval form**