

Faculty Parental Leave Request

Part 1 - To be completed by Faculty Member			
Name:		Job Title:	
Date of TU/USM Employment (m/d/yy):	Total Years at TU/USM:	Dept:	
Anticipated Date of Child's Birth or Adoption:	Date Leave is to Begin:	Expected Return to Work Date:	Number of Days Requested:
Faculty members are encouraged to refer to the USM Policy II-2.25 for the full provisions of the parental leave benefit.			
The Parental leave assurance is 60 workdays (480 hours) to care for a new child in the six (6) months immediately following the date of birth/adoption of the child. Parental Leave runs concurrently with a faculty member's FMLA entitlement, pursuant to USM Policy VII-7.50 Policy on Family and Medical Leave. If you are not eligible for FMLA entitlement you will complete only this form and provide medical documentation from the treating physician (doctor's note, birth certificate, etc.). In order to be eligible for paid Parental leave, a faculty member will need to complete a faculty modification plan with the Chair and Dean. You can choose from one of the options below. Please Note: if your leave extends beyond 6-months from the date of birth/adoption you will be required to use your own accrued sick leave for the remainder of FMLA. i- Continuous 12 weeks of paid parental leave. Workload for the final four weeks of the semester is coordinated with the Chair/Dean. ii- One course release: release either one course OR scholarship and service (this equals 10 hours per week of parental leave and 30 hours worked per week over the 16-week semester). This is equivalent to 160 hours of parental leave over the 16-week semester. iii- Two course release: This equals 20 hours per week of parental leave and 20 hours worked per week over the 16-week semester. iv- Three course release: This equals 30 hours per week of parental leave and 10 hours worked per week over the 16-week semester). This is equivalent to 480 hours of parental leave over the 16-week semester.			
I have read and understand that I am required to choose one of the available options listed above as part of the 60-day/480-hour paid Parental Leave assurance.			
Faculty Member Signature:			Date:
Part 2 - To be completed by Faculty Member's Chair			
I, the undersigned department chair, have reviewed the request for Parental Leave, and am sending it to TU Leave Benefits staff for review and final approval pursuant to applicable leave policies.			
Dept Chair Printed Name:			Dept Chair Title:
Dept Chair Signature:			Date:
Part 3 - To be completed by TU OHR / Leave Benefits			
1. Has the faculty member been employed with TU/USM for at least six continuous Yes No months?			
2. Does the faculty member work a full-time schedule? Yes No			
3. Does the faculty member have a satisfactory record of sick leave usage? Yes No			
4. Has the faculty member used Family & Medical Leave in the past 12 months? Yes No			
Comments from HR:			
Approved HR (Signature)			Date: