

FACULTY APPLICATION FOR PARENTAL LEAVE

The Parental Leave Policy for Members of the Smith College Faculty is available online:

https://www.smith.edu/deanoffaculty/employment_leaves.php

Name: _____ Date of hire: _____

Title: _____ Date of request: _____

Department: _____

Please complete the relevant section(s) below and submit this application to your department chair/program director at least four months prior to the anticipated date of birth or adoption.

A. Application for Paid Parental Leave for Primary Caregiver Parent

I am requesting a **paid** parental leave per the provisions of the *Parental Leave Policy* for faculty. I understand that by requesting this leave of absence, I am committed to returning to work at Smith College. **NOTE:** *To be eligible for paid parental leave, you must have completed 12 consecutive months of employment at the college in a regular position of half-time or more prior to the beginning of your leave.*

Anticipated date of birth or adoption: _____ Anticipated semester of leave: _____

Comments: _____

B. Application for Paid Parental Leave for Non-Primary Caregiver Parent

I am requesting a **paid** parental leave per the provisions of the *Parental Leave Policy* for faculty. **NOTE:** *To be eligible for paid parental leave, you must have completed 12 consecutive months of employment at the college in a regular position of half-time or more prior to the beginning of your leave.*

Anticipated date of birth or adoption: _____ Anticipated semester of leave: _____

Comments: _____

C. Application for Part-time Teaching Option for Primary Caregiver Parent

I am requesting a one-course release during the indicated semester(s) following my parental leave. I understand that I will receive prorated salary and that my sabbatical accrual will be at .50 of the normal accrual for the semester. I understand that it is my responsibility to consult with Human Resources regarding the impact this may have on my benefits. **NOTE:** *The part-time teaching option is available for up to two years following a standard parental leave.*

Requested semester(s): _____

Comments: _____

D. Application for Unpaid Parental Leave for Non-Primary Caregiver Parent

I am requesting an **unpaid** leave of absence per the provisions of the *Parental Leave Policy*. I understand that by requesting this leave of absence, I am committed to returning to work at Smith College on or about the date specified. I further understand that this unpaid leave of absence may affect my benefits and the accrual of sabbatical credit, as described in the provisions of the *Parental Leave Policy*. **NOTE:** *To be eligible for an unpaid leave of absence, you must have completed at least three consecutive months of employment at the college prior to the beginning of your leave.*

Anticipated date of birth or adoption: _____ Anticipated date of return to work: _____

Comments: _____

Faculty Member

Comments: _____

Signature: _____ Date: _____

Department Chair/Program Director

Comments: _____

Signature: _____ Date: _____
