APPLICATION FOR PARENTAL LEAVE UNDER PPM 8-8.2 IN CONNECTION WITH BIRTH OR ADOPTION OF A CHILD

Please check appropriate boxes and complete blanks. The request for modified duties or for an extension to the pre-tenure probationary period or post-tenure review clock must be made within three months of the arrival of the child. A faculty member requesting modified duties should notify her or his department chair as soon as possible.

To: Dr. Ed Clark  
Chair, Department of Pediatrics

Faculty Name: __________________________________________________

Department/Division: ____________________________________________

Date of Request: ________________________________________________

Copies to: Dr. Bjorkman, Dean, University of Utah School of Medicine  
Sr. VP Lorris Betz, Sr. VP for Health Sciences

I hereby apply for parental leave with a modification of my duties, or extension of my tenure clock, or both, under the School of Medicine’s parental leave policy.

1. I am eligible for the parental leave policy which I request at this time

   as a birth mother.

   as the primary caregiver for my or my partner’s newborn child or newly adopted child (please complete the affidavit).

2. The anticipated (or actual) date of arrival of my child is/was ______________.

   I will be fully absent during the specified time period for ________ weeks, from: _______________ to ________________.

   I request a modification of my duties for the specified time period for ________ weeks, from: _______________ to ________________.

3. Requests to extend the tenure or post-tenure review clock must be made before external reviewers are solicited to begin a formal review or within three months after the arrival of the child, whichever is earlier.

   I wish to extend my tenure or post-tenure review clock by one year.

   I do not wish to extend my tenure or post-tenure review clock by one year.
I am not applying at this time, but may do so within the limits stated above.

Not applicable – not on the tenure track.

4. My proposed salary distribution during this parental leave period is:

   Number of sick leave days: _________________________________
   Number of vacation leave days: _______________________________
   Number of SOM Contribution leave days: __________________________
   SOM Contribution leave days are expected to start on: ________________

5. My salary (in part or whole) is currently funded from a grant and/or contract.
   Yes      No

_________________________________________________________________

Division Chief’s Review:
I have reviewed this request, and have verified the available leave accruals.

Division Chief Signature: _________________________________
Date: __________________________

_________________________________________________________________

Department Chair’s Review:
I have reviewed and support this request for parental leave.

Chairman Signature: _________________________________
Date: __________________________
AFFIDAVIT OF ELIGIBILITY FOR FACULTY PARENTAL LEAVES OF ABSENCE
POLICY (COMPLETE IF APPLICABLE)

I attest that I will be providing the majority of child contact hours during my regular academic working hours for a maximum of 12 weeks per occurrence (24 weeks total parental leaves of absence during employment at the SOM, apportioned in increments according to the faculty member/family unit).

I also attest that my spouse or partner will not be at home, providing care, during this same period.

Name (please type): _____________________________________________________

Department/Division:  ____________________________________________________

Signature:  ____________________________________________________________

Application Date:  _______________________________________________________