

UNIVERSITY OF MASSACHUSETTS BOSTON
Application for Parental Leave

Section I (To be filled out by the applicant)

Name: _____ Department: _____

Tenured Faculty Tenure-Track Faculty Librarian

Semester Requested: _____ Birth or Adoption Date of Child¹: _____

Courses taught by the applicant (use asterisk beside course to indicate a team-taught course):

	Course#	Teaching hours/week	Enrollment
1st Semester of this Year	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2nd Semester of Last Year	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

STATEMENT OF AGREEMENT

In consideration of permission granted to me by Article 27.14 of the bargaining unit contract to take parental leave for the period from _____ to _____, I agree to return to the University of Massachusetts Boston immediately upon the conclusion of my parental leave to perform my duties as a member of the faculty or as a member of the administration, as the case may be, for at least one calendar year (two academic semesters)

I understand that I will be using my accrued sick leave for this parental leave and any additional leave will be taken from the Sick Leave Bank². I understand that if I am qualified for FMLA² that it will run concurrent with this Parental Leave.

I recognize that, according to the contract, I am obligated to provide at least one year of full-time (or equivalent) service to the University immediately following the expiration of my parental leave.

Signature of Applicant Date

Signature of Witness Date

- I request one-year delay in my Tenure Decision Year from _____ to _____
- I do not request a delay in my Tenure Decision Year
- I will request within 6 months after the birth or adoption of my child or within two months after the conclusion of the parental leave if I will need a delay in my Tenure Decision Year

Signature of Applicant Date

1. Indicate expected or actual date, if known. NOTE: Adopted children must be under five years of age.
2. Applicants must join the Sick Leave Bank. Applications for it and for FMLA are available in Human Resources.

Section II (To be filled out by the Chair/Centerhead/Program Director and Administrators)

Replacement needed: No Yes full-time Part-time
(Please explain the need for a replacement on a separate page and attach.)

Faculty members on leaves with or without pay next year (use additional page if necessary):

<u>Name</u>	<u>Semester(s) on Leave</u>
_____	_____
_____	_____
_____	_____

Approvals:

Signature of Chair, Centerhead,
or Program Director

Date

Signature of Dean

Date

Signature of Provost

Date