FACULTY PARENTAL LEAVE REQUEST FORM

Name: ____________________________ Anticipated delivery/adoption date: ________________

407.2.1 Extended Parental Leave

☐ 407.2.1.1 Extended Parental Leave with Full Salary

☐ Option A (six weeks leave at full pay with full teaching responsibilities for the remainder of the academic year). Anticipated dates of leave: ____________________________

OR

☐ Option B (1 course reduction in teaching load).
   Semester/course released: ____________________________

☐ 407.2.1.2 Extended Parental Leave with Partial Salary

☐ One semester leave and a three course teaching load for the remainder of the academic year (T/TT – 2/3ths pay, NTT – 4/7ths pay).
   Semester leave: ____________________________

OR

☐ One semester leave and a four course teaching load for the remainder of the academic year (T/TT – 5/6ths pay, NTT – 5/7ths pay).
   Semester leave: ____________________________

407.2.2 Both Parents Employed by Luther College: If both parents are employed by Luther College, only one is eligible for extended parental leave.

☐ One week of paid leave. Anticipated dates of leave: ____________________________

☐ Unpaid course release(s). Semester/course(s) released: ____________________________

407.2.5 FMLA Parental Leave

☐ Plan to extend leave with FMLA. Forms for requesting this leave are available in the Human Resources Office. Anticipated dates of leave (include leave dates indicated above): ____________________________

407.2.7 Pre-Tenure Faculty: Option to delay time of the third-year review and tenure decision by one year for each pregnancy or adoption. Maximum total delay for third-year review is one year (also delays tenure by one year) and maximum total delay for tenure is two years.

☐ Request to delay third-year review by one year.
   Original date of third-year review: ____________________________
   Requested date of third-year review: ____________________________

☐ Request to delay tenure review by one year.
   Original date of tenure review: ____________________________
   Requested date of tenure review: ____________________________

Faculty Member Signature ____________________________ Date ____________________________

Department Head Signature ____________________________ Date ____________________________

Academic Dean Signature ____________________________ Date ____________________________

Note: All parental leaves will run concurrently with the Family and Medical Leave Act for those employees who qualify. FMLA is a federal program providing 12 weeks of leave for birth or adoption for employees who have worked 1,250 hours in the previous 12 months. FMLA is unpaid leave, but assures benefit continuation and re-employment after the leave is completed.