LUTHER COLLEGE

Faculty Parental Leave Request Form

Name: _____ Anticipated delivery/adoption date: _____

Note: Faculty with at least a .67 FTE and a FT appointment qualify for Faculty Parental Leave. 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.

Parental Leave

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

☐ Leave with **Partial Salary**

- ☐ One semester leave and a three course teaching load for the remainder of the academic year with a paid 4 course (4/6th) salary (1 course parental leave, 3 courses taught, 2 courses unpaid additional leave). Semester leave: _____
- ☐ One semester leave and a four course teaching load for the remainder of the academic year with a paid 5 course (5/6th) salary (1 course parental leave, 4 courses taught, 1 course unpaid additional leave). Semester leave: _____

Extend Parental Leave with FMLA

☐ Plan to extend leave with FMLA. Anticipated dates of leave (include leave dates indicated above): _____

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: _____

Signatures

Faculty Member Signature _____ Date _____

Department Head Signature _____ Date _____

Provost Signature _____ Date _____