



## **Staff Parental Leave of Absence Policy**

Effective January 1, 2016, regular full and part-time staff eligible for Family Medical Leave (FMLA), defined as having worked at Clark University for at least one year and/or a minimum of 1,250 hours during the previous 12 months, will be eligible to apply for up to eight weeks of paid parental leave. Full-time staff will receive 100% of their pay and part-time staff will receive a prorated amount based on the standard hours of the position, e.g. part-time employee with a 25 hours per week schedule will be eligible to receive 62.5% pay. The spirit of the University's Parental Leave policy is to provide staff who are primary caregivers paid time off to bond with their newborn or newly adopted children. This policy depends on, and assumes, the good faith of its participants.

For purposes of the University's Staff Parental Leave policy, "primary caregiver" means a full-time staff member who is the lead caretaker of his or her newborn or newly adopted child at least 30 hours per week during the staff member's normal shift time, generally Monday through Friday between the hours of 8:00 am and 5:00 pm. If both parents work for the University, they shall only be entitled to a combined total of 8 weeks.

A staff member who is the primary caregiver for his or her newborn or newly adopted child is entitled to eight weeks paid parental leave beginning the date the child is born or adopted and runs concurrent with Family Medical Leave which provides up to 12 weeks of unpaid time off. Staff may supplement their pay during the additional 4 weeks unpaid FMLA by utilizing their available paid time off (sick, vacation, personal, or floating holiday time). Any staff member on parental leave will not be eligible to receive donated sick time. While on parental leave, staff will continue to be afforded the same benefits as were in effect immediately before the leave and paid time off (sick and vacation) will continue to accrue as usual.

Salary continuation for parental leave is available only for the period of time an employee would normally be at work (i.e., if you work an academic-year schedule, you would not be eligible for paid parental leave during the summer).

Employees who take parental leave will be reinstated to their regular position upon their return. Failure to return to work at the end of the parental leave (without an approved extension) shall be considered a resignation.

To be considered for a Parental Leave, the regular full or part-time staff member must complete a Request for Parental Leave of Absence for Staff, with supervisor acknowledgment, indicating the anticipated date of leave to the Director for the Office of Human Resources. This request should be received no later than four months prior to the anticipated leave date.



**AFFIDAVIT OF PRIMARY CAREGIVER  
FOR STAFF PARENTAL LEAVE BENEFIT ELIGIBILITY**

**Declaration:**

I, \_\_\_\_\_ certify that I am the primary caregiver for my newborn or  
(Print Name) newly adopted child during the period of time leave is  
being requested in accordance with the following criteria:

**Criteria:**

During parental leave I will be the primary caretaker of my newborn or newly adopted child for at least 30 hours per week, from Monday through Friday between the hours of 8:00 am and 5:00 pm or during my normal work schedule.

**Acknowledgements:**

I have provided the information in this Affidavit for use by Clark University for the sole purpose of determining my eligibility for such benefit.

I affirm that the information in this Affidavit is true, and understand that any misrepresentations may result in disciplinary action up to and including termination of employment.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Signed

Office of Human Resources: Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Request for Staff Parental Leave of Absence\***

*Please see the Administrator and Staff Handbook for a complete description of the policy for Parental Leave.*

**A. Staff Statement:**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Time off requested: \_\_\_\_\_ to \_\_\_\_\_

Will this parental leave be extended by up to four weeks under FMLA? Yes \_\_\_\_\_ / No \_\_\_\_\_  
 If yes, please indicate the time being used (please check all that apply):

- Sick time \_\_\_\_\_ days (administration) \_\_\_\_\_ hours (staff)
- Vacation time \_\_\_\_\_ days (administration) \_\_\_\_\_ hours (staff)
- Unpaid leave\*\* \_\_\_\_\_ days (administration) \_\_\_\_\_ hours (staff)

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

**B1. Physician's Statement:**

Physician's Name (please print): \_\_\_\_\_

Please certify

1. The above referenced staff member (or spouse thereof) has been under my care during her pregnancy.  
 Anticipated date of delivery is: \_\_\_\_\_
2. The above referenced staff member (or spouse thereof) will be the "primary caregiver" of the newborn or newly adopted child. Yes: \_\_\_\_\_ / No: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B2. Adoption Leave:**

Anticipated date of adoption: \_\_\_\_\_

Date of actual adoption (provide copy of Adoption Certificate): \_\_\_\_\_

**C. Human Resources Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*When approved, pregnancy and/or adoption leave runs concurrently with the Family Medical Leave Act (FMLA), and is not in addition to the 12 weeks granted under FMLA. Please contact the Office of Human Resources if you need clarification.

**Please return this form to the Office of Human Resources**