



Faculty Parental Leave of Absence Policy

Tenured or tenured-track faculty members, as well as faculty members holding Lectureships as defined in section I.D.2 (b) of the Faculty Handbook, are eligible to apply for a parental leave after one year of continuous full time employment at Clark University.

The purpose of the University's Parental Leave is to provide assistance in the form of relief from teaching obligations to faculty members who are the primary caregiver to their newborn or newly adopted children.

For purposes of the University's Parental Leave policy, "primary caregiver" means a faculty member who is the lead caretaker of his or her newborn or newly adopted child at least 30 hours per week, from Monday through Friday between the hours of 8:00 am and 5:00 pm.

A faculty member who is the primary caregiver for his or her newborn or newly adopted child is entitled to paid relief from course teaching duties during the semester in which the child is born or adopted, or in the case of a birth or adoption occurring within the last four weeks of the Fall semester, during the Spring semester immediately following the birth or adoption. A tenure-line faculty member (only) whose child is born or adopted during the last four weeks of the Spring semester or during the summer may receive relief from teaching during the Fall semester immediately following the birth or adoption.

During the leave, the faculty member is released from classroom teaching responsibilities. Other essential University duties associated with the faculty member's position shall continue, with responsibilities during the leave to be specified at the time of application. Teaching replacements in the faculty member's department are to be minimized, and full-time replacements will not be made. Specific instructional needs of the department are to be negotiated at the time at which an application for a leave is submitted. The department Chair is responsible for submitting specific requests related to instructional needs to the Provost. Full salary and benefit compensation continue during this leave. Faculty who do not meet the eligibility requirements for a paid leave, may be eligible for up to 12 weeks of unpaid leave under the Federal Family Medical Leave Act (FMLA).

A non-tenured faculty member taking a Parental Leave may apply to the Provost for a one year extension of the probationary period for tenure consideration. To qualify for an extension of appointment, the faculty member must have been granted a Parental Leave. For each Parental Leave, a non-tenured faculty member is eligible to extend the probationary period by one academic year.

Any semester on Parental Leave will not count towards accrual for paid sabbatical leaves.

To be considered for a Parental Leave, the faculty member must submit a written request to the Provost. The request should be received as early as possible prior to the start of the semester in which the leave is to be initiated.



AFFIDAVIT OF PRIMARY CAREGIVER

FOR FACULTY 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 the semester I am on parental leave I will be the sole 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.

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.

Faculty Signature

Date Signed

Office of Human Resources: Received by: _____ Date Received: _____

Request for Parental Leave of Absence for Faculty*

Please see the Faculty Benefits Handbook for a complete description of the policy for Parental Leave.

A. Faculty Statement:

Name: _____ Dept: _____

Time off requested: _____ to _____

Responsibilities that will continue during the leave include:

Faculty signature: _____ Date: _____

Department Head signature: _____ Date: _____

B1. Physician's Statement:

Physician's Name (please print): _____

This is to certify that the above referenced faculty member (or spouse thereof) has been under my care during her pregnancy. Anticipated date of delivery is: _____

Physician's signature: _____ Date: _____

B2. Adoption Leave:

Anticipated date of adoption: _____

Date of actual adoption (provide copy of Adoption Certificate): _____

C. Provost's 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 Human Resources for record keeping