

**FACULTY REQUEST FOR MATERNITY LEAVE
(Tenure-Track and Tenured Faculty women ONLY)**

Name _____

Position _____ Department _____

Home Address: _____

I have read the Faculty Maternity Leave Policy and I am requesting preliminary approval for leave, or a reduced course load, related to childbearing or adoption.

Anticipated date of childbirth or adoption: _____

(Check one box below to indicate which option you would like to exercise):

Note: All faculty and staff members can apply for full pay while on a medically certified disability, which can include childbirth or related medical conditions. The disability must be certified by a doctor who will also identify the amount of time (generally 6 weeks for an uncomplicated childbirth). Receipt of short term disability pay precludes use of the other options below.

I plan to apply for short term disability related to my pregnancy/childbirth.

OTHER OPTIONS THAT MAY BE AVAILABLE IF ST DISABILITY IS NOT USED:

Option A: Leave of Absence for full semester at half salary (for 6 months)

Fall _____
(year)

Spring _____
(year)

Option B: Course reduction for the first scheduled semester back in the classroom following childbirth or adoption

Fall _____
(year)

Spring _____
(year)

NOTE: All options require subsequent completion of routine forms by you and your healthcare provider at the time of childbirth or, if earlier, disability due to pregnancy, or forms as needed regarding adoption. Contact the Human Resources office at 229-5597 for appropriate forms.

Employee's signature _____ Date _____

Department Chair Acknowledgment _____ Date _____

Academic Dean's Approval _____ Date _____

Original signed form to be sent to Human Resources;

Copies to: Department Chair
Dean's Office
Employee