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):

☐ 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 ________  ☐ Spring ________

(year) (year)

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

☐ Fall ________  ☐ Spring ________

(year) (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

June 2005, scy