

**FACULTY PARENTAL LEAVE PROGRAM REQUEST**  
**(Secondary Parents in Tenure-Track or Tenured Faculty Positions ONLY)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Department Chair: \_\_\_\_\_

I have read the Faculty Parental Leave Program and I am requesting approval for one course reduction.

Anticipated date of birth/adoption: \_\_\_\_\_

Requested Semester for course release: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

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

Chair Approval: \_\_\_\_\_

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

Vice President's Approval: \_\_\_\_\_

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

Original signed form to be sent to Human Resources;  
Copies to: Vice President for Academic Affairs  
Department Chair  
Faculty Member