

Parental Leave Application

Please complete this Parental Leave Application and submit to your Chair or Director.

PART A. General Information. *Please complete the general information below.*

Name: _____ Department/School: _____ College: _____

Email: _____ Phone: _____ Projected date of Qualifying Event: _____

This is my: First Parental Leave Second Parental Leave Date of first Parental Leave: _____

(Note: If two Bargaining Unit Faculty Members are applying for parental leave, each should complete a separate application.)

Please answer the following if your spouse is a bargaining unit faculty member

Name of spouse: _____ Department/School: _____ College: _____

Email: _____ Phone: _____ My spouse previously has taken a Parental Leave: Date of Spouse's Parental Leave: _____

I am requesting Parental Leave and I confirm that my request for parental leave meets the CBA definition of "Qualifying Event" and satisfies the requirement for eligibility (Article 21, Sections 11.3; 11.4.2). I acknowledge that my Parental Leave shall run concurrently with any approved FMLA Leave (Article 21, Section 6). I affirm that the information I provided is accurate.

Signature: _____

Routing: Chair/Director will inform the Dean(s), Office of Human Resources, and BGSU-FA (cago@bgsu-fa.org)

Dean(s) will inform the Office of Provost

Approval signatures required for alternative arrangements for the use of Parental Leave and Optional Extension of Leave as proposed:

Chair/Director Signature Date _____
Dean Signature Date

Spouse Chair/Director Signature Date _____
Spouse Dean Signature Date

(Second set of approval signatures if spouse is BUFM and also applying for Parental Leave)

Copy: Faculty Applicant(s), Chair(s)/Director(s), College(s), Office of Provost, Human Resources

PART B. Parental Leave Option. *Please complete the information in the appropriate column below.*

9-MONTH FACULTY MEMBER:

I am a 9 month bargaining unit faculty member (and my use of Parental Leave is outlined in Section 11.6):

Because my Qualifying Event will occur during the _____ semester with five (5) or more weeks remaining in that semester (including summer semester if under summer contract), I will take my Parental Leave that semester commencing with the Qualifying Event.

Because my Qualifying Event will occur during the fall semester with five (5) or fewer weeks remaining in that semester, I will defer my Parental Leave to the spring 20__ semester. My Parental Leave will begin the first day of classes that semester.

Because my Qualifying Event will occur during the summer and I have no intervening summer contract, I will defer my Parental Leave to the fall 20__ semester. My Parental Leave will begin the first day of classes that semester.

I am requesting an alternative arrangement for my Parental Leave as permitted in Section 11.6 (describe):

I acknowledge that this alternative arrangement must be approved by both my Chair/Director and Dean, and their decisions are not grievable.

Note. In the case of pregnancy, a parental leave may begin before the birth with the concurrence of the Dean and Chair/Director.

12-MONTH FACULTY MEMBER:

Without Traditional Teaching Responsibilities

I am a 12 month bargaining unit faculty member *without traditional teaching responsibilities* (and my use of Parental Leave is outlined in Section 11.7)

I will take my Parental Leave beginning _____, within four (4) months of my Qualifying Event.

I am requesting an alternative arrangement for my Parental Leave as permitted in Section 11.7.1 (describe):

Note. In the case of pregnancy, a parental leave may begin before the birth with the concurrence of the Dean and Chair/Director.

I acknowledge that this alternative arrangement must be approved by both my Chair/Director and Dean, and their decisions are not grievable.

With Traditional Teaching Responsibilities

I am a 12 month bargaining unit faculty member *with traditional teaching responsibilities* (and my use of Parental Leave is outlined in Section 11.7)

Because my Qualifying Event will occur during the _____ semester with five (5) or more weeks remaining in that semester, I will take my Parental Leave that semester commencing with the Qualifying Event.

Because my Qualifying Event will occur during the _____ semester with five (5) or fewer weeks remaining in that semester, I will defer my Parental Leave to the first business day following the end of that semester.

Because my Qualifying Event will occur during the _____ semester with five (5) or fewer weeks remaining in that semester, I will defer my Parental Leave to the first day of classes of the following semester.

I am requesting an alternative arrangement for my Parental Leave as permitted in Section 11.7 (describe):

I acknowledge that this alternative arrangement must be approved by both my Chair/Director and Dean, and their decisions are not grievable.

SPOUSE IS ALSO FACULTY MEMBER AND BOTH WILL USE PARENTAL LEAVE:

My spouse and I are both bargaining unit faculty members and plan to each take Parental Leave (and our use of Parental Leave is outlined in Section 11.8)

Because our Qualifying Event will occur during the _____ semester with ten (10) or more weeks remaining in that semester (including summer semester if under summer contract), my spouse and I will both take non-overlapping Parental Leave that semester commencing with the Qualifying Event.

Because our Qualifying Event will occur during _____ semester with less than ten (10) weeks remaining in that semester (including summer semester if under summer contract)[*choose one*]: ___ my spouse ___ I will take Parental Leave commencing with the Qualifying Event AND [*choose one*]: ___ my spouse ___ I will take Parental Leave in the _____ semester beginning with the first day of classes that semester or, for 12-month faculty member without traditional teaching responsibilities, the first day the University is open for business that semester.

Because our Qualifying Event will occur during _____ semester with less than five (5) weeks remaining in that semester (including summer semester if under summer contract) [*choose one*]: ___ my spouse ___ I will take Parental Leave in the _____ semester beginning with the first day of classes that semester or, for 12-month faculty member without traditional teaching responsibilities, the first day the University is open for business that semester first business day of that semester day AND [*choose one*]: ___ my spouse ___ I will take Parental Leave immediately following.

My spouse and I are requesting an alternative arrangement for Parental Leave as permitted in Section 11.6 (describe):

We acknowledge that this alternative arrangement must be approved by all of the affected Chairs/Directors and Deans, and their decisions are not grievable.

Note. In the case of pregnancy, a parental leave may begin before the birth with the concurrence of the Dean and Chair/Director.

PART C. Optional Extension of Leave Period beyond Paid Parental Leave: Family Medical Leave, Sick Leave, Vacation Leave, Reduced Duties)

Please complete the information in the appropriate column below

9-MONTH and 12-MONTH FACULTY MEMBERS:

**SPOUSE IS ALSO FACULTY MEMBER
AND BOTH WILL USE PARENTAL LEAVE:**

I plan to extend my leave period beyond paid parental leave as follows:

Sick Leave (date range): _____

Unpaid Leave (date range): _____

Vacation (12 month faculty only; (date range): _____

I acknowledge that this alternative arrangement must be approved by my Chair/Director and Dean, and their decisions are not grievable.

Note: Paid or unpaid leave will be used at the rate of 8 hours per day/40 hours per week, inclusive of all contract days and exclusive of both paid university holidays and fall and spring breaks. Accrued sick leave may be used until the balance of sick leave reaches a minimum of 120 hours by the end of leave.

I plan to use reduced duties (with definable work products or outcomes; see attached) to extend my leave period beyond paid parental leave as follows:

Sick Leave (date range): _____

Unpaid Leave (date range): _____

Vacation (12 month faculty only; (date range): _____

I acknowledge that this alternative arrangement must be approved by the affected Chairs/Directors and Deans, and their decisions are not grievable.

Note: Reduced duties will reduce paid or unpaid leave from the rate of 8 hours per day/40 hours per week, inclusive of all contract days and exclusive of both paid university holidays and fall and spring breaks. Accrued sick leave may be used until the balance of sick leave reaches a minimum of 120 hours by the end of leave.

My spouse is also a faculty member and both of us plan to use parental leave. I plan to extend my leave period beyond paid parental leave as follows:

Sick Leave (date range): _____

Unpaid Leave (date range): _____

Vacation (12 month faculty only; (date range): _____

I acknowledge that this alternative arrangement must be approved by my Chair/Director and Dean, and their decisions are not grievable.

Note: Paid or unpaid leave will be used at the rate of 8 hours per day/40 hours per week, inclusive of all contract days and exclusive of both paid university holidays and fall and spring breaks. Accrued sick leave may be used until the balance of sick leave reaches a minimum of 120 hours by the end of leave.

My spouse is also a faculty member and both of us plan to use parental leave. I plan to use reduced duties (with definable work products or outcomes; see attached) to extend my leave period beyond paid parental leave as follows:

Sick Leave (date range): _____

Unpaid Leave (date range): _____

Vacation (12 month faculty only; (date range): _____

I acknowledge that this alternative arrangement must be approved by the affected Chairs/Directors and Deans, and their decisions are not grievable.

Note: Reduced duties will reduce paid or unpaid leave from the rate of 8 hours per day/40 hours per week, inclusive of all contract days and exclusive of both paid university holidays and fall and spring breaks. Accrued sick leave may be used until the balance of sick leave reaches a minimum of 120 hours by the end of leave.