Effective January 1, 2016, full-time staff eligible for Family Medical Leave (FMLA), as defined in Section II of the Administrator and Staff Handbook, will be eligible to apply for up to eight weeks of paid parental leave. The spirit of the University’s Parental Leave policy is to provide staff who are primary caregivers paid time off to bond with their newborn or newly adopted children.

For purposes of the University’s Parental Leave policy, “primary caregiver” means a full-time staff member who is the lead caretaker of his or her newborn or newly adopted child at least 30 hours per week during the staff member’s normal shift time, generally Monday through Friday between the hours of 8:00 am and 5:00 pm. If both parents work for the University, they shall only be entitled to a combined total of 8 weeks.

A staff member who is the primary caregiver for his or her newborn or newly adopted child is entitled to eight weeks paid parental leave beginning the date the child is born or adopted and runs concurrent with Family Medical Leave which provides up to 12 weeks of unpaid time off. Staff may supplement their pay during the additional 4 weeks unpaid FMLA by utilizing their available paid time off (sick, vacation, personal, or floating holiday time). Any staff member on parental leave will not be eligible to receive donated sick time. While on parental leave, staff will continue to be afforded the same benefits as were in effect immediately before the leave and paid time off (sick and vacation) will continue to accrue as usual.

To be considered for a Parental Leave, the full-time staff member must complete a Request for Parental Leave of Absence for Staff, with supervisor acknowledgment, indicating the anticipated date of leave to the Director of Human Resources. This request should be received no later than four months prior to the anticipated leave date.
AFFIDAVIT OF PRIMARY CAREGIVER
FOR STAFF PARENTAL LEAVE BENEFIT ELIGIBILITY

Declaration:

I, ___________________________ certify that I am the primary caregiver for my newborn or newly adopted child during the period of time leave is being requested in accordance with the following criteria:

Criteria:

During parental leave I will be the primary 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 or during my normal work schedule.

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.

______________________________________                __________________
Staff Signature                Date Signed

HR Office: Received by:   _____________________________   Date Received: ____________
Request for Staff Parental Leave of Absence*

Please see the Administrator and Staff Handbook for a complete description of the policy for Parental Leave.

A. Staff Statement:

Name: ________________________________________ Dept: _______________________

Time off requested: ___________________________ to _____________________________

Will this parental leave be extended by up to four weeks under FMLA?  Yes______ / No______

If yes, please indicate the time being used (please check all that apply):

☐ Sick time  _____ days (administration)  _____ hours (staff)
☐ Vacation time _____ days (administration)  _____ hours (staff)
☐ Unpaid leave**  _____ days (administration)  _____ hours (staff)

Staff signature: ________________________ Date: ________________________

Supervisor Acknowledgement: ________________________ Date: ________________________

B1. Physician’s Statement:

Physician’s Name (please print): ____________________________________________

This is to certify that the above referenced staff 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. Human Resources 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