

## Parental Leave Planning Form for Academic Staff and Fixed Term Faculty

(Note: all of these personnel actions must be officially executed in EBS)

**Name:**

**Position:**

**Department(s):**

**College(s):**

**Situation:** New child(ren) under age six in the home? Yes No

Date of child(ren)'s entry into the home:

Date of child(ren)'s birth:

### Accommodation Period

- Taking Short-term disability leave? (applies to birth mother only) Yes No n/a
  - Dates of short-term disability leave?
  - Describe arrangements for the leave (e.g., course release, service suspended...)
  
- Taking Paid Parental leave? Yes No n/a
  - Dates of paid parental leave?
  - Is this leave being split with a partner who is an MSU faculty/academic staff member? Yes No n/a
  - Describe arrangements for the leave (e.g., course release, service suspended...)
  
- Taking unpaid FMLA leave to bring total leave up to 12 weeks maximum? Yes No n/a
  - Dates of unpaid FMLA leave?
  - Describe arrangements for the leave (e.g., course release, service suspended...)

**Plan for semester following the parental leave.** This should represent a return to the normal workload for the academic unit[s] in question.

- Which semester? Fall / Spring of 20\_\_
- What courses are being taught?
- What duties are being assigned (as part of a typical workload)?

For probationary continuing system appointments: are you requesting an **extension of the probationary period?**

(Extensions must be requested of and approved by the Provost's Office) Yes No n/a

- Review year would have been: 20\_\_ / 20\_\_
- Extension moves review year to be: 20\_\_ / 20\_\_

**Dated Signature of academic staff or fixed term faculty member:**

**Dated Signature of department chair(s)/director(s):**

**Dated Signature(s) of dean(s):**