

The University of Vermont
Request for Parental Leave – Represented Faculty

Faculty Member Responsibilities:

1. Submit this completed Request for Parental Leave Form and a Leave of Absence Request Form (available on the HRS website) to the department chair/associate dean/director, as applicable, for approval through the customary process.
2. Ensure all sick and vacation leave (as applicable) is reported by your department, or through the PeopleSoft self-service function.
3. Submit your request according to the time frames specified in Article 20.6.d.2., *i.e.* at least one semester prior to the proposed start of the leave) or if, due to emergency circumstances, as soon as practicable.

Name _____

Rank _____

Employee ID # _____

Department _____

College/School/Division _____

Leave is requested for:

Fall Semester _____ OR Spring Semester _____ OR
(academic year) (academic year)

From _____ through _____, 20_____
(date) (date) (year/s)

Anticipated Birth Date/Adoption Date of the Child _____

Tenure-Track Faculty ONLY: Please refer to Article 14.5.d of the collective bargaining agreement regarding timelines if you are also requesting an extension of your probationary period.

Agreement: In consideration of the rights and benefits granted to me by the University of Vermont related to parental leave, I agree to return to the University of Vermont, immediately upon conclusion of my parental leave to perform my duties as a full time faculty member for at least (1) appointment year of full time University service (*i.e.* 0.75 FTE or greater). If this parental leave immediately precedes or follows a sabbatical, professional development or other authorized leave that incurs a service commitment, I agree to return to the University of Vermont, immediately upon conclusion of the second of the two leaves to perform my duties as a full-time faculty member for at least two (2) full appointment years. If I fail to comply with the obligation to provide the required service as stated above immediately following expiration of said leave(s), I agree to repay, forthwith, the salary and benefits that I received from the University during said leave(s).

Signature of Applicant

Date

Department Chair Approval	Date	Dean Approval	Date
Assistant Dean/Financial Manager Signature	Date	Faculty Service Signature	Date
Provost's Office		Date	

Instructions to Dean's Office: Submit this signed form along with a signed Leave of Absence form to Faculty Services, c/o Human Resource Services, 228 Waterman. Faculty Services will route to the Provost's Office for approval.