
Faculty Application for Parental Leave

Name: _____ Smith ID#: _____

Position: _____ Department: _____

Please complete the relevant section(s) below and submit application to Human Resources at least 30 days prior to the anticipated date of birth or adoption.

To be eligible for this paid leave, you must have completed 12 consecutive months of employment at the college in a benefited position prior to the beginning of your leave.

Please Check One:

Primary Caregiver

I am requesting a Primary Caregiver semester-long paid parental leave per the provisions of the **Paid Parental Leave Benefits for Faculty*. I understand that by requesting this leave of absence, I am committed to returning to work at Smith College.

Note: For this leave type, you will also be required to complete a Parental Leave Affidavit form.

Non-Primary Caregiver (Option One)

I am requesting a Non-Primary Caregiver paid parental leave, in the form of a single course release, per the provisions of the **Paid Parental Leave Benefits for Faculty*.

Non-Primary Caregiver (Option Two)

I am requesting a Non-Primary Caregiver four-week paid parental leave per the provisions of the **Paid Parental Leave Benefits for Faculty*.

Anticipated date of birth or adoption: _____

Semester of leave: Spring Fall 20_____

Signature: _____

Date: _____