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| CPU001_primary_logo_black |  | **AP 193 FACULTY PARENTAL LEAVE OPTIONS FORM**  [Faculty Parental Leave Relevant Contract Provisions](https://content-calpoly-edu.s3.amazonaws.com/academic-personnel/1/PDF/FacultyParentalLeaveRelevantContractProvisions.pdf) |

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| **Faculty Legal Name:**  **Anticipated date of birth/adoption:**  **Signature and Date:** | **Position Information**:  Tenured Tenure-Track (probationary)  Temporary Faculty / end date:  Academic Year 12-month  Assignment during PL quarter: | **College or Equivalent:**    **Department or Equivalent**: |
| 1. **STANDARD PARENTAL LEAVE OPTION** **– Article 23.4**. ***If using the Standard Parental Leave option, leave must commence within a 135-day period beginning 60 days prior to anticipated arrival of a new child and ending 75 days after arrival of a new child. Please select:***   Consecutive 30 day leave period – estimate anticipated leave dates:       through  Using donated days from faculty spouse/registered domestic partner (DP)-specify period:       through  Non-consecutive 30 day leave period mutually agreed by employee and Department Chair and Dean (or equivalent).  *(allows for leave period to span academic quarters or academic years when appropriate)*  Estimate anticipated non-consecutive leave dates:  Anticipated work days, if any, during parental leave quarter (equating to       workdays):       through  (specify WTUs for the above period:       and whether assignment is: direct instruction team-teaching assigned time)  **USE OF SICK LEAVE TO SUPPLEMENT PARENTAL LEAVE – Article 23.5 and Article 24**  *Normally, fifteen (15) days of earned sick leave may be charged. A physician's verification of disability shall be required for the use of earned sick leave pursuant to this provision in excess of fifteen (15) days.* ***Note:*** *The standard disability period for childbirth is 6 weeks (natural) and 8 weeks (cesarean); any earlier return to active work status requires a medical release from your physician.*  Supplemental sick leave – Estimate dates of anticipated sick leave:         * *Employee documents standard parental leave and sick leave in Absence Management Self-Service during appropriate pay period(s)* | | |
| 1. **FLEXIBLE PARENTAL LEAVE OPTIONS – Article 23.6 *(Available only to AY faculty in an academic program.)***   *In order to minimize disruptions of the academic program and impacts on students, the following options are available in lieu of standard parental leave:* ***23.6 (a) Leave sharing OR 23.6 (b) Reduction in workload****. These options require department and college approval.*  ***Faculty electing flexible parental leave must choose one of the two following options:***   1. **Reduce workload** **by 60% (9/15 WTU) in lieu of 30-day parental leave for one quarter *(Article 23.6b)***   *The timing of the reduction in workload is not bound by the 135 day period stated above, and may be requested during any quarter within the academic year in which the child arrives (the parent of a child arriving during summer may take leave the following Fall, Winter or Spring)*  **Indicate term/year in which workload will be reduced by 60%: Academic Term:** **Academic Year:**  ***Examples:***  *(1) 9 WTU parental leave plus equivalent of 4 WTU direct instruction and appropriate service responsibilities to equate to 40%*  *(2) 9 WTU parental leave plus equivalent of 6 WTU direct instruction with no service responsibilities to equate to 40% assignment*  *(60% reduction represents 9 WTU for full-time employees; WTU reduction will be pro-rated for less than full-time employees)*  **Please indicate teaching or other work assignment during quarter of parental leave and any other details:**  Specify assignment details:  *No leave reporting required; AP documents in Term Workload during appropriate term—using Assign Type: LVE; Description: Article 23.6; FTE: .60*   1. **Leave Sharing with Faculty Spouse/Partner *(Article 23.6a)***  * ***Available only to spouses or registered domestic partners who are each faculty unit employees of Cal Poly*** * ***Approvals are required from the parental leave donor and the departments/colleges of both faculty spouses/partners*** * ***This form should be completed on behalf of the leave recipient (approval of the leave donor is required below)***   Indicate term/year in which donation will occur: Term:       Year:  Number of days being donated:  Parental Leave Donor Spouse/Partner’s Name:       College/Department:       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | **FOR LEAVE SHARING OPTION, ENDORSEMENT OF DONOR SPOUSE/PARTNER COLLEGE/DEPARTMENT REQUIRED:**  ***Donor Spouse/Partner’s College Budget Analyst completes this section (unless spouses are in same department):***  For purposes of budget transfer to recipient college/department: Enter number of days donated:    /30 multiplied by  time-base during parental leave quarter (       ) multiplied by 9 WTU =       WTUs donated multiplied by $2,147/WTU = $\_\_\_\_\_\_\_\_\_ total amount to be transferred. Budget Analyst Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  ***By signing below, I/we agree to transfer the amount specified above to the leave recipient’s college/department:***  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Dept Head/Chair Signature Date Dean/Equivalent Signature Date | | |  |  * *Employee/Department documents donated parental leave days in Absence Management Self-Service during appropriate pay period(s)* | | |
| 1. **PROBATIONARY TENURE-TRACK FACULTY MUST COMPLETE THIS SECTION:**   **Probationary faculty employees** may request an extension of their probationary period for a maximum of one year per parental leave period (inclusive of paid and unpaid leave if requested) pursuant to Provision 13.7-8, subject to the recommendations of the department head/chair and dean, and final approval of the Provost.***Probationary faculty must select one of two options:***   1. **I *DO NOT* want the period of parental leave (inclusive of paid and unpaid leave) to count toward tenure. I hereby request an extension of my probationary period****for a period of one year***. I will not be subject to a periodic or performance evaluation during the period of leave. I understand that my request is subject to the recommendations of my department head/chair and dean, approval of the Provost, and once approved, cannot be revoked. If approved, the approval and any conditions of this extension will be communicated to me via memorandum from the Provost.* 2. **I *DO* want the period of parental leave (inclusive of paid and unpaid leave) to count toward tenure**. *I will be scheduled for annual periodic or performance evaluation (as appropriate) which may fall within the period of requested parental leave.* | | |
| 1. **UNPAID PERSONAL/PARENTAL LEAVE FOLLOWING PAID PARENTAL LEAVE (Article 22.8 – 22.11)**  * *Probationary and tenured faculty are eligible for parental leave for up to 12 months total duration (inclusive of all paid parental leave and unpaid personal parental leave)* * *Lecturers may request unpaid personal leave if such leave falls within their current appointment period, subject to approval of their department head/chair and dean*   ***Tenured/Probationary Faculty Unit Employees***   * I request the following period of unpaid personal parental leave not to exceed 12 months total duration inclusive of the period of my paid parental leave: * I acknowledge and agree that **I will not accrue any service credit** toward sabbatical or difference in pay eligibility, promotion eligibility, or service salary increase eligibility **for the entire academic year** during which the leave occurs, and that **I will not accrue any seniority or** **retirement service credit for the actual duration of the personal leave**.   ***Tenure-track probationary faculty*** *may request an extension of their probationary period for a maximum of one year per parental leave period (inclusive of paid and unpaid leave) pursuant to Provision 13.7-8.* ***Probationary faculty must indicate whether or not they wish to extend their probationary period for one year due to unpaid parental leave on page 1 of this form.***  ***Temporary Faculty Unit Employees***   * I request the following period of unpaid personal leave (cannot exceed appt. end date): * I acknowledge and agree that **for the duration of this leave I will not accrue retirement service credit or service credit toward service salary increase eligibility*.*** | | |
| ***After form is complete, please route to individuals listed below via AdobeSign for final approvals.***   1. **ENDORSEMENTS/APPROVALS FOR PAID AND UNPAID PARENTAL LEAVE (indicate appropriate option/s)**   ***Standard 30-day Parental Leave Option (acknowledgement only)***  ***Reduction in Workload Option***  ***Leave Sharing Option (requires approval by both colleges/departments)***  ***Unpaid Parental Leave Request (if applicable)***   |  |  | | --- | --- | | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Dept Head/Chair Signature Date | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Dean/Equivalent Signature Date | | AP Review:  AP Leaves Analyst \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_/\_\_\_\_\_\_\_\_\_  (lmhowell@calpoly.edu) Signature Date | Final Approval:  AVP, Academic Personnel \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_/\_\_\_\_\_\_\_\_  (krummell@calpoly.edu) Signature Date | | | |
| 1. **ENDORSEMENTS AND APPROVAL FOR REQUEST FOR EXTENSION OF PROBATIONARY PERIOD:**  |  |  | | --- | --- | | Recommended Not Recommended  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Dept Head/Chair Signature Date | Recommended Not Recommended  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Dean/Equivalent Signature Date | | AP Review:  AVP, Academic Personnel \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  (krummell@calpoly.edu) Signature Date | Approved  Not approved  Provost & Exec VP for Academic Affairs \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_  (cp-provost@calpoly.edu) Signature Date | | | |