

Request for Graduate Student Parental Leave

Employee Information	
Name	UID#
Address	City, State, Zip
Email Address	Phone
Department	Work Phone
Advisor's Name	Advisor's Email
Director of Graduate Studies' Name	Director of Graduate Studies' Email
The anticipated / actual date of arrival of my child or the date of placement for adoption or fostering of the child:	

Parental Leave Benefits Application	
<p>Policy 6-409 Graduate Student Parental Leave applies to all University of Utah eligible graduate students and all departments, divisions, and colleges that enroll graduate students. This policy provides both unpaid and paid parental leave benefits. To be eligible for paid parental leave, the graduate student must be enrolled in the University's Tuition Benefit Program.</p> <p>A Graduate Student is eligible for a Parental Leave of Absence if the Graduate Student has been matriculated in a Graduate Degree Program for at least one (1) semester and is otherwise in Good Standing within their degree program at the time the Parental Leave of Absence is taken.</p> <p>The Graduate Student and the Graduate Student's advisor or program director shall discuss coursework completion, rearrangement of teaching and/or research duties, and timelines for academic matters that will be affected by the Parental Leave of Absence and create a jointly signed agreement that describes how the Graduate Student will complete these requirements following the Parental Leave Absence. The Graduate Student shall submit the written agreement (Parental Leave Program Completion agreement) to the Graduate School as part of the Graduate Student's application for a Parental Leave of Absence.</p> <p>This policy covers a Parental Leave of Absence from a Graduate Degree Program of up to eight (8) consecutive weeks following the start of parental duties for eligible Graduate Students.</p> <p>Eligible graduate students should submit this application at least 90 days before the leave is expected to begin or as soon as reasonably possible before adoption or foster placement.</p>	<p><input type="checkbox"/> I elect to receive _____ weeks of Parental Leave benefits beginning on _____.</p> <p>I am enrolled in the University's Tuition Benefit Program.</p> <p style="text-align: center;">YES NO</p> <p>If enrolled in the University's Tuition Benefit Program, please provide the following information:</p> <p style="padding-left: 40px;">Department's Tuition Benefit Coordinator:</p> <p style="padding-left: 40px;">Department's Tuition Benefit Coordinator's Email:</p> <p style="padding-left: 40px;">Indicate if you are a Research Assistant, Teaching Assistant, Grad Assistant-Research Focus, Grad Assistant-Teaching Focus or Grad Fellow:</p> <p>Please attach a copy of the written agreement (Parental Leave Program Completion agreement) between the student and Advisor/Program Director.</p> <p><i>(Your spouse or domestic partner must complete a separate request if employed by the University)</i></p>

Graduate Student Fellowship Certification

Under certain circumstances, externally funded graduate fellowships may require a formal notification and approval from the funding agency for an extension beyond a standard duration, as required by the terms of the fellowship award.

Are you an externally-funded graduate Fellow? YES NO

If you are an externally-funded graduate Fellow, does your fellowship allow for parental leave? YES NO

If you are an externally-funded graduate Fellow that allows for parental leave, does the fellowship allow for paid leave?
 YES NO

Please **attach a copy** of your fellowship's parental leave policy.

Graduate Student Certification

I hereby certify the following:

- I hereby request leave for a child's birth, adoption, or foster, which qualifies for leave under the Graduate Student Parental Leave. I acknowledge that my Parental Leave and FMLA (if eligible) leave will run concurrently.
- I understand that the Parental Leave benefit shall begin no sooner than the date of birth (unless my health care provider certifies that an earlier begin date is medically necessary) or the date of placement for adoption or fostering of the child.
- I understand that in no event will my Parental Leave extend the amount of leave provided under the FMLA (if eligible).
- This policy provides both unpaid and paid parental leave benefits. To be eligible for paid parental leave through this policy, I must be enrolled in the University's Tuition Benefit Program. If on paid leave through this policy, I understand that I will return to the same position held at the time the leave began or to an equivalent position with equivalent pay, benefits, and working conditions, provided I can perform the essential functions of the position.
- I have attached the required written and jointly signed Parental Leave Program Completion agreement between myself and my advisor or program director. This agreement discusses coursework completion, rearrangement of teaching and/or research duties, and timelines for academic matters that will be affected by the Parental Leave of Absence.

Signature of Student

Date

Graduate Student Advisor or Director of Graduate Studies Acknowledgement

I have reviewed this request and endorse the attached Parental Leave Program Completion agreement.

Signature

Date

Name

Title

Graduate School Approval

I have reviewed this request.

Approved Not Approved

Reason for not approving:

Signature of Graduate School Official

Date

Name of Graduate School Official

Title

Routing Information – FOR GRADUATE SCHOOL USE ONLY

Copy sent to HR Absence Management Team: initials/date _____

Copy sent to Academic Department:

Name sent to: _____

If student is on the University's Tuition Benefit Plan, copy sent to: _____
with chartfield information for distribution code.