**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):**

Updated: 11-25-13