

# Parental Leave Application

Brigham Young University

## Personal Information

Revised: April 2024

Name:	<input type="text"/>	Department:	<input type="text"/>
BYU ID:	<input type="text"/>	College:	<input type="text"/>
Faculty Status:	<input type="text"/>	Current Rank:	<input type="text"/>

### Delay of Continuing Faculty Status Review

The presumption is that a parental leave will result in a one-year extension of the CFS clock. (See [Rank and Status Policy](#).) However, a faculty member may opt out of this one-year extension by giving written notice to the department chair, dean, and associate academic vice president – faculty development no later than February 1 of the calendar year in which the CFS review would begin. The maximum number of extensions to the CFS clock for parental leaves is two within the pre-CFS period. An additional extension for other reasons may be possible under section 5.4 of the [Rank and Status Policy](#).

## Leave Information

Choose one option below and specify the year in the space provided.

Sep-Dec       Jan- Apr       May-Aug

In 100 words or less, briefly describe your parental circumstances and timing of the requested parental leave:

Anticipated birth or adoption placement date:

### Conditions

By signing this form, the faculty member certified the following (please review the [Faculty Parental Leave Policy](#) for other details):

1. The purpose of this parental leave is to focus on and provide for the spiritual, emotional and Physical health and wellbeing of the family.
2. This parental leave will not be used for other purposes (e.g., to actively pursue other employment opportunities, to work full- or part-time for another employer).
3. This paid parental leave will run concurrently with Family and Medical Leave Act (FMLA) leave.
4. The faculty member commits to return to a regular, full-time faculty assignment for at least one year immediately following this parental leave, or to repay the salary and benefits used during the leave.

### Previous Parental Leave (if applicable)

Start Date:       End Date:

## **Signatures**

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By signing this form, the applicant agrees to contact Benefits Services before and after their leave to assure proper continuation or termination of insurance coverage and any other program(s) in which they are or should be enrolled.

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**Faculty Member**

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**Date**

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**Department Chair**

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**Date**

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**Dean**

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**Date**

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**Associate Academic Vice President–Faculty Development**

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**Date**