

**APPLICATION
For
PAID PARENTAL LEAVE¹**

Instructions: Notice of intent to take paid parental leave, for a period not to exceed twelve consecutive weeks, must be submitted to the department chair/unit head and to the Director of Human Resources at least 90 calendar days prior to the proposed date of the leave or when the employee has knowledge of the impending birth or adoption, whichever occurs later. Applicant completes Part I of the form, obtains the signature of the Chair/unit head under Part II (to indicate that he/she has been informed of the anticipated leave and approved the released time schedule under 3.b., as applicable), and forwards the form to the Human Resources Department (“HR”). HR completes Part III of the form, returns a copy to the applicant and to the Chair/unit head, and places a copy in the applicant’s personal personnel file, in accordance with standard procedures.

PART I

(To be completed by employee)

Name: _____ College: Brooklyn College

Job Title: _____ Department/Unit: _____

Home Address: _____

Phone: (h) _____ (o) _____ (cell) _____

Email: _____

A. I hereby give notice of my intent to take paid parental leave. The expected date of the child’s birth or placement for adoption is: _____. I anticipate taking _____ weeks of paid parental leave commencing:

1. ☐ with the birth/placement for adoption; or
2. ☐ following the expiration of temporary disability leave taken to recover from childbirth (generally six weeks; eight weeks for a C-section) (for birth mothers only); or
3. ☐ from _____ to _____, prior to the birth, adoption, or foster care in accordance with subsections 2.b. or 2.c. respectively; or
4. ☐ from _____ to _____, in accordance with subsection 2.d, which pertains to couples in the same department, who are to take leave consecutively and who are limited to a combined total of 21 weeks of leave; or

¹ The Paid Parental Leave Policy is available on the University’s website. Employees should review the subsection(s) relevant to their circumstances.

5. ☐ at the start of the Fall semester (or at the expiration of the approved period of temporary disability leave for the birth mother) for faculty who become eligible for paid parental leave during the period of annual leave, in accordance with subsection 3.c.

OR

(for teaching faculty only)

B. Under paragraph 3, faculty may elect released time in lieu of some or all of the twelve weeks of paid parental leave under the circumstance set forth in subsections 3.b. and 3.c. I hereby give notice of my intent to elect to receive released time in lieu of paid parental leave, as follows:

1. ☐ In accordance with subsection 3.a., I elect to receive nine contact-hours of release time to be taken during the semester of the birth and/or following semester as follows:

_____ contact hours in Fall 20_____ ; _____ contact hours in Spring 20_____

2. ☐ In accordance with subsection 3.b., I anticipate that there will be five or fewer weeks remaining in the semester at the time of the birth or adoption (or upon the expiration of the approved temporary disability leave for the birth mother), and I elect to receive a six-contact-hour release in the next semester in lieu of taking the remaining weeks of paid parental leave in the next semester. (Please indicate in Section A above the number of weeks of paid parental leave anticipated to be taken.)

3. ☐ In accordance with subsection 3.c., I anticipate that the birth or adoption will take place during the period of annual leave (as set forth in Article 14.1 of the collective bargaining agreement). I elect to receive nine-contact-hours of released time as follows:

_____ contact hours in Fall 20_____ ; _____ contact hours in Spring 20_____ .

(The faculty member may request nine contact hours in either the Fall semester or the following Spring semester or may request nine contact hours release over the course of both semesters. The scheduling option is subject to the approval of the department chair.)

OR

☐ I request the following modification and understand that my request is subject to approval and will require a written agreement:

(Contact HR to facilitate this process.)

I understand that the following conditions apply to this leave:

- The period of the leave counts as service for purposes of tenure, a Certificate of Continuous Employment, a Certificate of Continual Administrative Services (“13.3b”), and the five-year limit on Instructor service, *unless* the employee submits an irrevocable written election to his/her Chair/unit head and the HR Director, within 90 days following the birth or placement for adoption, to have the period of leave serve as a bridge. (Contact HR for the applicable form and to determine eligibility, in accordance with section 5 of the Policy.)
- The period of the leave runs concurrently with Family and Medical Leave Act (“FMLA”) leave, to the extent that such leave is available to the employee. The application for paid parental leave, accordingly, serves simultaneously as an application for FMLA leave.
- For members of the teaching faculty: If the faculty member’s leave expires mid-semester, he/she may return either to teach or to administrative duties for the balance of the semester, at the discretion of, and as assigned by, the department chair after consultation with the employee. (Note: Faculty members are encouraged to discuss scheduling issues with their department chairs in advance of the anticipated leave.)

I understand that I will be required to submit proof of my child’s birth or proof of the formal placement with me of a child for adoption or foster care and proof of said child’s age.

Signature: _____ Date: _____

PART II

(To be completed by the department chair or unit head)

I have been informed of the anticipated leave and/or released time.

☐ I approve the scheduling of nine contact hours of released time in lieu of paid parental leave under subsection 3.a. or 3.b. as follows: _____ contact hours in Fall 20____; _____ contact hours in Spring 20____; or, ☐ none requested.

I ☐ approve ☐ do not approve of the modification requested above;

Signature: _____ Date: _____
(Department Chair/Unit Head)

PART III
(To be completed by Human Resources)

☐ Applicant meets one-year service requirement: _____
(Enter start date of applicant's full-time CUNY employment)

☐ Proof of Birth/Placement for Adoption/Foster Care: _____
(Enter start date of applicant's full-time CUNY employment)

Age of child placed for adoption/foster care: _____

Period of Temporary Disability Leave (for birth mother): From _____ To _____ ; or
☐ N/A

Period of Paid Parental Leave: From _____ To _____

Period of FMLA Leave (concurrent with above two periods, to the extent available): From _____ To _____ ; or
☐ None Available to Applicant

Released Time Provided in lieu of Paid Parental Leave under paragraph 3 (if any):

Fall 20____Semester: contact hours_____ Spring 20____ Semester: contact hours_____

Description of modification approved (if any), pending written agreement:

APPLICATION APPROVED: ☐

NOT APPROVED:

- ☐ Ineligible
- ☐ Inadequate/Incomplete Documentation
- ☐ Requested Modification Denied

Signature: _____ Date: _____
(Human Resources Director)