

POLICY NUMBER: 9.12 <https://my.suu.edu/help/article/3504/912-parental-leave/>

Any Benefit-Eligible Employee who is on an Active Appointment at the time of the leave and who has been employed at the University for at least six (6) months immediately preceding the Qualifying Event is eligible to receive paid Parental Leave.

Each eligible employee may receive up to six (6) weeks (30 work days) of paid leave for each Qualifying Event, subject to the provisions in this Policy. Pay during the leave shall be at 100% of the eligible employee's regular rate of pay. Six weeks for primary care provider, two weeks for secondary care provider. <https://my.suu.edu/hr/parental-leave>

A faculty member may elect modified duties as permitted and described in Policy 6.15 or the paid leave provided under this Policy. The faculty member is eligible only for one benefit, either this paid Parental leave or the modified duties, per Qualifying Event. Once the faculty member has utilized one of the benefits, even in part, they are no longer eligible for the other benefit.

<https://www.suu.edu/hr/benefits/pdf/faculty-parental-leave-form.pdf>

Part time and reduced appointment positions will receive pro-rated leave based on their appointment ratio/time to the extent they qualify during the timeframe in which they have an Active Appointment. <https://my.suu.edu/hr/parental-leave>

All employees will need fill out the attached leave request forms and the following 4 pages and return them to HR through this secure link. <https://my.suu.edu/secure/upload/gabriellecox/>

Employees who have worked for at least 1,250 hours during the 12-month period immediately prior to this request for FMLA leave are eligible for FMLA leave.

Name

T-Number

Department

Hire Date

Check one box:

- Employee Family and Medical Leave
- Extension of previously taken Employee Family and Medical Leave
Previous days taken were _____
- Leave to care for newborn or adopted child or child place (via state procedure) for foster care

The Leave will begin on _____ and end on _____

Reason for Leave (list any medical conditions, etc, relating to the absence)

REASON FOR LEAVE

I request family and medical leave for the following reason (check one box):

My personal serious health condition

Serious health condition of my child

Serious health condition of my parent

LEAVE CERTIFICATION REQUIREMENTS

Section I: To request leave for the care of a child, parent, or spouse with a serious health condition

I have attached certification from the health care provider who is treating my child, parent, or spouse

[REDACTED]

- 1. The date on which the condition commenced;

[REDACTED]

