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/



FAMILY AND MEDI^ LEAVE

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 Fam Previous days taken were ☐ Leave to care for newborn or adopted child	nily and Medical Leave 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, relati	ing to the absence)	

REASON FOR LEAVE

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

1 Mariana Laviaus hoolth condition	
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Serious health condition of my child	
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No.	

INSURANCE PREMIUM RECOVERY AUTHORIZATION FORM

I certify by my signature that I have read and understand the following:

acknow	edge the University's legal right to recover the cost of any prem	id leave under the
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I fail to return from leave at the expiration of the leave to which I am entitled; and

The reason I fail to return to work is not one of the following:

- The continuation, recurrence, or onset of a serious health condition that entitles me to leave to care for a child, parent or spouse with a serious health condition, or if I am unable to perform the functions of my position due to my own serious health condition; or
- o Other conditions beyond my control prevent me from returning.

Printed Name T-Number

LEAVE CE FICATION REQUI MENTS

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

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LEAVE REQUEST WHEN EMPLOYED & SPOUSE BOTH WORK FOR SUU

Check the leave being requested

Family & Medical Leave to care for a newly arrived child

