



### INDIANA UNIVERSITY PAID FAMILY LEAVE APPLICATION

To read the policy on Paid Family Leaves:  
<https://policies.iu.edu/policies/aca-50-paid-family-leave-academic-appointees/index.html>

ELIGIBILITY REQUIREMENTS: Must be a full-time academic appointee with at least one year of continuous full-time service (visiting, adjunct, part-time, post-doctoral, and intermittent appointees are not eligible for family leave). A paid leave is available twice in a five-year period. Leave period shall not exceed twelve (12) weeks. \*

Name: \_\_\_\_\_ Department: \_\_\_\_\_ University ID: \_\_\_\_\_

Requesting paid family leave of absence for the period \_\_\_\_\_ to \_\_\_\_\_

For the following qualifying reasons:

\_\_\_\_\_ Family formation, which includes birth or adoption of a child by the academic appointee or the academic appointee's spouse or domestic partner. The leave must be concluded within six (6) months of the birth or placement of adopted child. **Leaves for the purpose of family formation shall be at full salary.**

\*If leave is being requested due to childbirth, the full-pay medical leave plan may be combined with the paid family leave for a total of 18 weeks, providing that the birth occurs while on paid contract.

Anticipated date of birth or physical custody of adopted child: \_\_\_\_\_

\_\_\_\_\_ Family care, which includes the primary care of an academic appointee's spouse, domestic partner, parent, dependent child, or dependent child of the appointee's spouse or domestic partner with a serious health condition. Written medical certification and an affidavit attesting to role of primary caregiver must accompany this application. Leaves for the purpose of family care shall be covered at the following amounts:

- FULL SALARY FOR ACADEMIC APPOINTEES EARNING SALARIES UP TO AND INCLUDING \$125,000 ANNUALLY.
- PAID LEAVE IS REDUCED BY 1% FOR EACH \$2000 IN SALARY ABOVE \$125,000 WITH A MAXIMUM REDUCTION OF 50%.

Family leaves normally do not count towards the probationary period unless the faculty member specifically requests that the time count. An Understanding on Probationary Status form must be completed for all probationary faculty (<http://vpfaa.indiana.edu/faculty-resources/faculty-leaves-sabbaticals/index.html>).

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE DATE

### ADMINISTRATIVE APPROVALS

\_\_\_\_\_  
DEPARTMENT HEAD'S SIGNATURE DATE

\_\_\_\_\_  
DEAN OR DIVISION HEAD'S SIGNATURE DATE

\_\_\_\_\_  
VICE PROVOST FOR FACULTY AND ACADEMIC AFFAIRS SIGNATURE DATE

\_\_\_\_\_ Family Leave Approved

If applicable, written medical certification form was received on \_\_\_\_\_

\_\_\_\_\_ Family Leave Denied