



INDIANA UNIVERSITY PAID FAMILY LEAVE APPLICATION

To read the policy on Paid Family Leaves:
<https://policies.iu.edu/policies/bot-17-leaves-for-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:

For the following qualifying reasons: _____
Medical Leave Dates: _____ to _____
(If Applicable) _____

Family formation, which includes birth, adoption, or foster care 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/doc/understanding-on-probationary-status.pdf>)

If you plan to add your child to your IU health insurance, and you haven't already requested a Life Event change, you must do so within 30 days of birth or adoption. Information about Life Events can be found at <https://hr.iu.edu/bcc/status/child.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