

## PARENTAL LEAVE

Sixty (60 days) of Parental Leave is provided to employees who occupy permanent full-time positions, for the purposes of birth and/or adjustment to the introduction of a child into the employee's home (including adoption or placement prior to adoption), immediately following:

- (1) The birth of the employee's child, or
- (2) The placement of the child under 6 years of age with the employee for adoption.

Employees should notify their supervisors as far in advance as possible of their desire to use Parental Leave. The Office of Human Resources must receive the Parental Leave request forms prior to the birth or placement of the child.

Any employee (female or male) who has been employed by the College for a period of at least one year in a permanent full-time position and is approved for Parental Leave, will be provided with 60 days of paid leave for the birth or adoption of a child. The birth or adoption of the child must occur after one year of full-time employment in a permanent position. Parental Leave will commence on the first day's absence from work following the birth of the employee's child or the placement of a child with the employee for adoption.

An employee approved for Parental Leave will be provided sixty (60) days paid leave. At the employee's preference and with the approval of the supervisor, the leave may be used incrementally such as twenty-four weeks at half time or any combination thereof.

Two College/State employees who otherwise are eligible for Parental Leave are not eligible during the same Parental Leave period for care of the same child. All leave used must run concurrent with the use of any entitlement under the Family Medical Leave Act and count towards the total 12 weeks of Family/Medical Leave available. Parental Leave shall not exceed 60 days.

Upon request for leave in excess of 60 days, eligible employees will be granted such leave to extend the period in accordance with the College's Family Medical Leave policy. Specific guidance relating to the use of Family/Medical Leave will be provided by the Office of Human Resources.

If Parental Leave is used and the employee voluntarily ends their employment with the College within one year after the last day used for parental leave, the employee must reimburse the College for all parental leave used, including all fringe benefits or other costs paid by the College as a result of the employee's employment with the College.

## PARENTAL LEAVE AGREEMENT – FACULTY

I, \_\_\_\_\_, understand and acknowledge that I am entitled to sixty (60) working days of paid parental leave in accordance with the Parental Leave policy

I understand that if the sixty working days of paid parental leave begins and/or ends during an academic semester, the Provost may assign me alternative duties for the other portion(s) of the impacted semester(s) to minimize disruption to students. Alternatively, with prior approval by the Provost, I may use available sick leave to cover the other portion(s) of the impacted semester(s).

Sick leave used under this option is exempt from the College's requirement to provide an original sick certificate when using sick leave for five (5) or more consecutive days.

Additionally, I understand that, if I voluntarily end my employment with St. Mary's College while on parental leave or within one year after the last day used for parental leave, I must reimburse St. Mary's College for all parental leave used including all fringe benefits or other costs incurred by the College.

I anticipate that my Parental Leave will begin approximately \_\_\_\_\_ My expected date of return to work is approximately \_\_\_\_\_ As a result, I anticipate being assigned alternative duties during a portion of the \_\_\_\_\_ semester(s). All leave used will count toward the total 12 weeks of Family Medical Leave Act of 1993.

Documentation of birth or placement must be provided, as well as medical certification authorizing return to work (if applicable).

Once you have completed and saved this form, please email your document(s) to: **hr@smcm.edu**. Include your full name, program name, and form name in the subject line. Example: John Smith – Journalism & Broadcast Program, Student Preferred Name Form. If you have any questions or issues submitting your form, contact us at the same email address for assistance.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Administrator's Signature

\_\_\_\_\_  
Date

**NOTE: The Request for Family/Medical Leave should accompany this form.**