

Application for Paid Parental Leave

Office of Faculty Affairs

APPLICATION FOR PAID PARENTAL LEAVE (Faculty) (Up to 50 Workdays)

Please review Sections A, B, C, and D when completing this form.

| Section A: | | |
|--|---|--|
| Name of Applicant: C | SUN ID: | |
| Email Address: | | |
| Department: | College: | |
| Up to 50-Day Period of Leave Requested: Begin Date: | End Date: | |
| OR Complete Section B below | | |
| Anticipated date of birth (or arrival) of child: | | |
| | | |
| Section B: | | |
| Parental Leaves are referenced in Articles 23.4-23.6 of the Faculty Collective Bargaining Agreement (CBA). These Articles allow for flexibility in how parental leaves are implemented. The CSU recognizes that the nature of work carried out by faculty unit employees makes leaves of less than one (1) academic term challenging to accommodate. In order to minimize disruptions of the academic program and impacts on students, the following options are available: | | |
| a. <u>Intermittent (non-consecutive workday) Leave</u> . "A bargaining unit employee shall be entitled up to fifty (50) days of parental leaveSuch leave shall be taken consecutively, unless mutually agreed otherwise by the employee and the appropriate administrator. This leave shall commence within a one thirty-five (135) day period beginning sixty (60) days prior to the anticipated arrival date and ending seventy-five (75) days after the arrival of a new child." (Article 23.4) | | |
| b. <u>Leave Sharing</u> . "When a faculty unit employee is eligible for a or partner is also a faculty unit employee, one spouse/partner parental leave to the other spouse or partner with the approval of (Article 23.6.a) | may donate all or part of his/her | |
| c. Workload Reduction. "Upon request of the faculty unit employ administrator, a faculty unit employee with an academic year ap assignment over one academic term in lieu of a thirty (30) workload reduction of sixty percent (60%) (9 WTUs for one se | opointment may be given a reduced day parental leave, as follows: A | |
| (continued) | | |



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| Section B (continued) Leave Flexibility Requested: | | |
|---|---------------------------------|--|
| Intermittent Leave (List schedule; attach a signed memo with Dean's approval) | | |
| | | |
| Leave Sharing (Name spouse/partner, campus, and describe details of Leave Sharing; attach a signed memo | | |
| with Dean's approval) | | |
| | | |
| Workload Reduction (Identify term, describe reduced assignment (including number of units), and | | |
| indicate whether sick leave has been requested for any portion of the leave by identifying how many units sick leave will cover. Note: You will need to confirm eligibility to use leave credits with | | |
| Human Resources, Benefits Administration. | | |
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| | | |
| Section C Extension of Probationary Period: | | |
| 1. Is applicant a probationary faculty member? | | |
| | | |
| 2. If Yes, does applicant want to be considered for extension of probationary period? Yes No (Applicant may request an extension separately from this form, see Article 13.8 below) | | |
| Article 13.8 Upon the request of a faculty unit employee to the President made no later than thirty (30) days | | |
| prior to the beginning of the academic term in which s/he is scheduled to return to work, his/her | | |
| probationary period may be extended for one (1) academic year fora leave of absence for pregnancy/birth or adoption. | | |
| pregnancy/onth of adoption. | | |
| Section D (Signatures) | | |
| Applicant: | Date: | |
| [Forward to Department Chair(s)] | | |
| Department Chair(s): | Date: | |
| [Forward to College Dean(s)] | | |
| | Data | |
| College Dean(s): [Forward to Associate Vice President for Faculty Affairs] | | |
| | | |
| AVP, Faculty Affairs: | Date: | |
| Comments: | | |
| Distribution: Human Resource Services Faculty Affairs Applicant Coll | ege Dean(s) Department Chair(s) | |

PPLA Form. (rev.3/2024)