

Faculty member is to (1) complete and sign the appropriate section below to apply for either a Temporary Parental Leave, a Temporary Medical Leave, or Tenure Clock Relief, and (2) forward both pages of this form to the academic unit head (department chair or dean) for further processing of the application. Refer to *Duke University Faculty Handbook*, Chapter 4, for description of leave policy Form 11/05-1

PLEASE PRINT CLEARLY OR TYPE

TO: _____ Current Date: _____
(name of unit head, i.e., department chair or dean)

FROM: _____ Faculty Title _____

Department _____ School _____

I request a **Temporary Parental Leave**

Campus: For (circle one) Fall Semester 20__ OR Spring Semester 20__
Schools of Medicine and Nursing: To begin _____ and end _____ (3 months max)
due to the following (include date of adoption/birth of child): _____

The name of the parent who will have primary responsibility for the care of the child immediately following the birth or the coming of the child into the custody, care and control of the parent for the first time is: _____.

My spouse/partner is **not** a Duke faculty member.

My spouse/partner, _____, is a Duke faculty member in the
(name and rank)
Department/School of _____.

Is he/she planning to request Tenure Clock Relief? Yes No (circle one)

I understand that (1) when a temporary parental leave is granted for non-tenured faculty, an automatic one-year extension of the tenure probationary period will be approved, and (2) the faculty member who has been granted the temporary parental leave may, nevertheless, choose to be reviewed for tenure at any appropriate time within the probationary period.

Signature of Requesting Faculty Member Date

I request a **Temporary Medical Leave** beginning _____ 20__ and ending _____ 20__
due to the following (include date of onset of medical condition and attach physician's statement):

Signature of Requesting Faculty Member Date

I request **Tenure Clock Relief** due to the following (include date of adoption/birth of child or onset of condition/life event described below):

Signature of Requesting Faculty Member Date

PLEASE PRINT CLEARLY OR TYPE

To be completed by the Department Chair for Temporary Parental Leave Requests:

In connection with the attached request for Temporary Parental Leave and in my role as Chair of the Department of _____, I warrant that _____ *will be the primary caregiver, which is defined as having the primary responsibility for the care of the child immediately following the birth or the coming of the child into the custody, care and control of the parent for the first time.* I understand that (1) this definition applies to both births and adoptions, (2) outside of the provisions for temporary medical leave, only one paid parental leave per child per household will be granted to the primary caregiver (see definition above) of the child, and (3) if only one parent is a Duke faculty member, he or she must be the primary caregiver (as defined above) to qualify for the parental leave.

Signature of Department Chair

Date

Note to Department Chairs: Please forward to your dean the faculty member's Temporary Parental Leave request together with this executed document.

To be completed by the Dean of the School for Temporary Parental Leave Requests:

In connection with the attached request for Temporary Parental Leave as warranted above by _____, Chair of the Department of _____, I recommend approval of this request. Additional information related to untenured tenure-track faculty requests for tenure clock relief for Temporary Parental Leave or Temporary Medical Leave: I note that _____ is still _____ Professor without tenure; therefore, [his/her] tenure clock should be stopped during the _____. Once you indicate that action we shall extend [his/her] current appointment by _____ to accommodate this change in schedule.

Signature of Dean, School of _____

Date

Note to Dean of School: Please forward to the Provost the faculty member's Temporary Parental Leave request together with this document executed by the Department Chair and yourself.

To be completed by the Dean of the School for Temporary Medical Leave Requests:

In connection with the attached request for Temporary Medical Leave, I recommend approval of this request. Additional information related to untenured tenure-track faculty requests for tenure clock relief for Temporary Medical Leave: I note that _____ is still a _____ Professor without tenure; therefore, [his/her] tenure clock should be stopped during the _____. Once you indicate that action we shall extend [his/her] current appointment by _____ to accommodate this change in schedule.

Signature of Dean, School of _____

Date

Note to Dean of School: Please forward to the Provost the faculty member's Temporary Medical Leave request together with this executed document.