

SYRACUSE UNIVERSITY

FACULTY PARENTAL LEAVE



Complete this form to certify primary caregiver and extend tenure probationary period. Type in the gray areas, which will expand. Contact faculty affairs with questions.

Faculty Member Name SUID#
(first last)

1. Please check the appropriate box:

- I request that my tenure probationary period be extended by one academic year.
- I do not request extension of my tenure probationary period.

2. Leave Begins (date) Leave Ends (date)

3. Specify Terms of Leave (i.e., one semester 50% workload reduction; ½ semester no duties, etc.):

The faculty member's signature, below, certifies that this statement is accurate: "During the period of the requested leave, I am the person most responsible for caring for the child, or I will spend the most time caring for the child."

The chair and dean's signature, below, indicates they are satisfied that the faculty member meets the definition of a primary caregiver.

Faculty Member's Signature

Date

Chair Signature

Date

Dean Signature

Date

Vice Chancellor Concurrence

Date

SERVICE CENTER USE ONLY

Service Center Processed by:

Date:

Notes: