

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: CS		CSUN ID:	
Email Address:			
Department:		College:	
Up to 50-Day Period of Leave Requested: Begin Date: End 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:			
to fi agre with	rmittent (non-consecutive workday) Leave. "A bargaining fifty (50) days of parental leaveSuch leave shall be taked otherwise by the employee and the appropriate adminstration a one thirty-five (135) day period beginning sixty (60) and ending seventy-five (75) days after the arrival of a new first term of the second seventy of the second seventy of the second second seventy of the second s	ken consecutively, unless mutually istrator. This leave shall commence days prior to the anticipated arrival	
or pare	ve Sharing. "When a faculty unit employee is eligible for artner is also a faculty unit employee, one spouse/partner ental leave to the other spouse or partner with the approval inistrator(s)." (Article 23.6.a)	er may donate all or part of his/her	
adm assig	rkload Reduction. "Upon request of the faculty unit emploinistrator, a faculty unit employee with an academic year agnment over one academic term in lieu of a fifty (50) kload reduction of sixty percent (60%) (9 WTUs for one sixty percent (60%))	appointment may be given a reduced day parental leave, as follows: A	
(continu	ned)		



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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.			
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.			
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)		