

Family Formation Leave Application

**Eligibility**: Must be a full-time academic appointee with at least one year of continuous full-time service in an eligible position (visiting, adjunct, part-time, post-doctoral, and intermittent appointees are not eligible for family leave). A paid leave is available twice in a five-year period for any combination of family formation and family support leave. Leave period shall not exceed twelve (12) weeks.\*

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| --- | --- | --- | --- |
| **Name:** |  | **Department:** |  |
| **University ID:** |  | (BLANK SPACE) |  |
| **Requesting family leave of absence for the period of (mm/dd/yyyy to mm/dd/yyyy):** | FROM: | (BLANK SPACE) | TO: |

Leave will be partial. Partial leave form attached.

For the purpose of family formation, which includes birth or adoption of a child by the academic appointee or the academic appointee’s spouse or domestic partner. The leave must be concluded within six (6) months of the birth or placement of adopted child*.*

*\*If leave is also being requested due to childbirth, the full-pay medical leave plan (6 weeks full pay) may be combined with the paid family leave for a total of 18 weeks, providing that the birth occurs while on paid contract.*

**Anticipated date of birth or physical custody of adopted child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am pre-tenure, tenure-track faculty member, or librarian. I **accept**a one-year extension of the tenure probationary period. I understand that I may also apply for tenure at the original time.

OR

I am a **pre-tenure, tenure-track member, or librarian.** I **decline** a one-year extension of the tenure probationary period.

|  |  |
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| **Applicant Signature:** |  |
| **Date:** |  |
| **Chair/Supervisor Signature:** |  |
| **Date:** |  |

***Human resource staff:*** *Attach signed copy of this form to eDoc for leave. For questions, contact the Office of Academic Affairs at* [*acadhr@iupui.edu.*](mailto:acadhr@iupui.edu)

Updated 2-12-24