

**IUPUI Family Leave Application**

ACA-49 and ACA-50

*Faculty in the School of Medicine: Use Separate Policy and Procedures*

For IUSM faculty see: ACA-51 (family formation) and ACA-49 (medical leave)

Use IUSM Forms

IU Policy on “Family Leave” (ACA-50) includes two types, called here “family **formation**” (birth or adoption of a child), and “family **support**” (caring for an eligible family member).

Medical leave (ACA-49) includes medical/sick leave, which can apply in the case of **pregnancy**.

- Family **formation** leave applies to cases of **either** adoption **or** birth. It is available to **either** parent. It must conclude by the end of six months past birth or custody.
- Medical (**sick**) leave can apply for pregnancy-related issues and is separate from family leave; a pregnant parent can have both family leave and sick leave, for a potential total of 18 paid weeks. (IUSM faculty: pregnancy leave is part of, not in addition to, family leave).
- Family **formation** leave and family **support** leave are at full pay for a maximum of 12 weeks.
  - There is a reduction in salary for family **support** leave, for those earning more than \$125,000.
- Pregnancy-related medical leave lasts for six weeks fully paid, then up to 9 weeks at half pay if medically necessary.
- Only full time faculty in lecturer, clinical, tenure-track and academic specialist appointments are eligible for family support or formation leave: not post-docs, visiting, adjunct, or part-time. Those persons may be eligible for medical leave related to pregnancy.
- A faculty member may have no more than two family leaves in any five year period. A faculty member must be employed for 1 year before the first leave.

**Complete the form below and send to [acadhr@iupui.edu](mailto:acadhr@iupui.edu) for campus approval.**

Name: \_\_\_\_\_

University ID: \_\_\_\_\_

**Check ALL that apply:**

\_\_\_\_ I am requesting a fully-paid family **formation** leave, for the birth or adoption of a child by myself or my spouse/registered domestic partner.

The anticipated date of birth or physical custody of adopted child: \_\_\_\_\_

Anticipated leave period from: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_ I am requesting a fully-paid **medical leave for pregnancy** for the birth of a child to myself.  
The anticipated date of birth: \_\_\_\_\_

Anticipated leave period (2 weeks prior to 4 weeks after. These six weeks do not need documentation.) Additional leave may be requested later, and medically documented):

Anticipated leave period from: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_ I am requesting a fully-paid **family support leave**, as the primary or co-primary caretaker of a family member with a serious health condition; the family member is a spouse/domestic partner, parent, or dependent child.

Anticipated leave period: from: \_\_\_\_\_ to: \_\_\_\_\_

Medical documentation, and affidavit certifying to primary/co-primary caretaker status need to be included in the request at the school level.

\_\_\_\_ I am pre-tenure, tenure-track.

\_\_\_\_ I accept the default one-year extension of the probationary period. There may be only one year extension for the probationary period.

\_\_\_\_ I request that the probationary period not be extended

**Include with request:**

\_\_\_\_\_ Employee signature and date

\_\_\_\_\_ Chairperson signature and date

\_\_\_\_\_ Dean signature and date

\_\_\_\_ Medical documentation received by School staff

\_\_\_\_ Caregiver status affidavit received by School staff

Send to [acadhr@iupui.edu](mailto:acadhr@iupui.edu).

\_\_\_\_\_ Chief Academic Officer approval