



**Partial Leave Form Addendum**

**This addendum is for:**

1. Personal medical leave (See A, B, and C)
2. Family formation leave
3. Family support leave (See A)

- A.** Ensure that the Medical Certification forms provide information supporting the percentage of leave / work requested below.
- B.** For personal medical leave for pregnancy, leave cannot be partial for the 6 weeks, no-documentation-needed period (estimated time frame: 2 weeks before birth, 4 weeks afterward).
- C.** After fully-paid leave is exhausted (6 weeks of work-equivalent), half-pay leave is possible. Please contact Rachel Applegate directly for that case.

Percentage which you will work: \_\_\_\_\_(In whole 10%)

Percentage where you will be on leave: \_\_\_\_\_  
(Make sure your answers equal 100%)

Description of duties for the work percentage:

**Examples:**

- Will teach X classes
- Will/will not attend department, school, other committee meetings
- Will continue work on X project
- Will/will not be an advisor, mentor
- Will/will not continue work on research

**Signatures:**

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_