



### Family Support Leave Application

**Eligibility:** AC1 full time academic appointee with at least one year of service in an eligible position: visiting and post-doc appointees are not eligible for paid leave; does not include adjuncts (AC2) or student academic appointees(AC3).

**Limits:** as medically necessary, for a qualifying family member, if no other support is available: twelve weeks fully paid, total per calendar year and no more than two paid parental leaves in five calendar years. Leave may be intermittent or partial.

Name: \_\_\_\_\_ Department: \_\_\_\_\_ University ID: \_\_\_\_\_

Requesting paid family support leave of absence for the period \_\_\_\_\_ to \_\_\_\_\_

Leave will be partial. Partial leave form attached.

For family care, which includes the primary care of an academic appointee’s spouse, domestic partner, parent, dependent child, or dependent child of the appointee’s spouse or domestic partner with a serious health condition. Leaves for the purpose of family care shall be covered at the following amounts:

**Full salary for academic appointees earning salaries up to and including \$125,000 annually.**

**Paid leave is reduced by 1% for each \$2000 in salary above \$125,000 with a maximum reduction of 50%.**

I will submit the following medical certification form: <https://hr.iu.edu/pubs/forms/fmla/form2f.pdf> IU FMLA form 2F. For “My regular work schedule” insert, “Full time faculty member”.

I attest that I am the primary caregiver for this individual.

I am a **pre-tenure, tenure-track librarian, or faculty member**. I understand that I should discuss with my chair or dean whether to request an extension of the probationary period. Guidance: [Request for an Extension of the Probationary Period].

*Please note: If a user initiates an Adobe Digital Signature for a field below, the form will be locked and no longer allow edits or additions in the fillable fields. A typed name is sufficient for Office of Academic Affairs files.*

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Chair/Supervisor Signature

\_\_\_\_\_ Date

*Human resource staff: Attach signed copy of this page to eDoc for leave. Keep certification form within the school. Employee may elect to submit certification to Office of Academic Affairs and you can contact us with any questions at [acadhr@iupui.edu](mailto:acadhr@iupui.edu).*