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 and one semester in-between leaves.

Name: ________________ University ID: ___________

Check ALL that apply:

____ I am requesting a major medical leave for myself (Absences of less than 3 weeks cumulative per year do not need this form)

____ 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: SUBMIT Understanding on Tenure Status form to OAA.

____ 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

Keep all documentation within the School
Use the IU FMLA form 2E and 2F for medical certification
http://hr.iu.edu/pubs/forms/forms-list.htm#fmla