



SYRACUSE UNIVERSITY

FACULTY PARENTAL LEAVE OF ABSENCE APPLICATION

Complete this form to certify primary caregiver and extend tenure probationary period.
Contact faculty affairs with questions.

Faculty Member Name

SUID#

1. Please check the appropriate box:

I request that my tenure probationary period be extended by one academic year.

I do not request extension of my tenure probationary period.

2. Leave Begins (date)

Leave Ends (date)

3. Specify Terms of Leave (i.e., one semester 50% workload reduction; ½ semester no duties, etc.):

The faculty member's signature, below, certifies that this statement is accurate: "During the period of the requested leave, I am the person most responsible for caring for the child, or I will spend the most time caring for the child."

The chair and dean's signature, below, indicates they are satisfied that the faculty member meets the definition of a primary caregiver.

Faculty Member's Signature

Date

Chair Signature

Date

Dean Signature

Date

Vice Chancellor Concurrence

Date

SERVICE CENTER USE ONLY	
Service Center Processed by:	
Date:	
Notes:	

