

UNIVERSITY OF DAYTON
Maternity Leave Application Form
<http://facadminaffairs.udayton.edu>

Name: _____ **Division/ College:** _____ **Department:** _____

Tenure Status: Tenured Tenure track, list tenure review date: _____ Due Date: _____

Length of Leave:

This section is intended to ensure that your leave time is properly covered by the use of your accrued medical leave, performing of non-teaching duties, and unpaid leave. If you will be performing non-teaching duties, please attach to this form a letter describing these duties signed by you and your department chairperson. If you have any questions regarding this section or any of the types of leave mentioned, please refer to the website listed above.

| | |
|--|----------------|
| Anticipated starting date of leave: | A. _____ |
| Anticipated ending date of leave: | B. _____ |
| Total number of weeks you will be on leave (line B – line A): | C. _____ Weeks |
| Number of weeks of salary continuation you have accrued (contact the Office of Human Resources to obtain this information): | D. _____ Weeks |
| Number of weeks of salary continuation to apply to your leave (no more than 12 weeks; must be less than or equal to line D): | E. _____ Weeks |
| Number of weeks of non-teaching duties you will be performing (attach a letter describing these duties signed by you and your department chair): | F. _____ Weeks |
| Number of weeks of unpaid leave you will be taking: | G. _____ Weeks |
| Total number of weeks of leave (line E + line F + line G; must be equal to line C): | H. _____ Weeks |

Tenure Review Date: (Only complete this section if you are currently on a tenure track.)

Select one:

- I wish for my tenure clock to be stopped while I am on leave. I understand that the academic year in which I take my leave will not be counted toward my tenure, and my tenure review date will be postponed by one year.
- I wish for my tenure clock NOT to be stopped while I am on leave. I understand that the academic year in which I take my leave, including the leave time itself, will be counted toward my tenure, and my tenure review date will remain unchanged.

Signatures:

Applicant: _____ Date: _____

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Associate Provost: _____ Date: _____

Return this completed and signed form to the Office of the Associate Provost for Faculty and Administrative Affairs, St. Mary's 212, at least 30 days prior to your anticipated starting date of leave.