

Faculty member is to (1) complete and sign the appropriate section below to apply for either a Temporary Parental Leave, a Temporary Medical Leave, or Tenure Clock Relief, and (2) forward both pages of this form to the academic unit head (department chair or dean) for further processing of the application. Refer to the *Duke University Faculty Handbook*, Chapter 4, for the description of the leave policy. Form 11/05-1

PLEASE PRINT CLEARLY OR TYPE

TO: _____ Current Date: _____
(Name of unit head, i.e., department chair or dean)

FROM: _____ Faculty
Title: _____

I request a **Temporary Parental Leave**

Campus: For Fall Semester _____ OR Spring Semester _____ (enter year)
School of Medicine or Nursing: To begin _____ and end _____ (3 months max)

Due to the following (include date of adoption / birth of child): _____

My spouse/partner is **not** a Duke faculty member.

My spouse/partner, _____, is a Duke faculty member in the
Department/School of _____.

Is your spouse/partner planning to request Tenure Clock Relief? (circle one) YES NO

I understand that a temporary parental leave is granted to provide time for the faculty member to care for and bond with a newborn or a newly adopted child (under six years of age) within the faculty member's immediate family unit.

I also understand that (1) when a temporary parental leave is granted for non-tenured faculty, an automatic one-year extension of the tenure probationary period will be approved, and (2) the faculty member who has been granted the temporary parental leave may, nevertheless, choose to be reviewed for tenure at any appropriate time within the probationary period.

Signature of Requesting Faculty Member

Date

I request a **Temporary Medical Leave** beginning _____ 20__ and ending _____ 20__ due to the following (include date of onset of medical condition and attach physician's statement): _____

Signature of Requesting Faculty Member

Date

I request **Tenure Clock Relief** due to the following (include onset of condition/life event):

Signature of Requesting Faculty Member

Date

To be completed (1) when appropriate by Department Chair in connection with requests from faculty members for Temporary Parental Leave, and (2) by Dean in connection with requests from faculty members for Temporary Parental Leave or Temporary Medical Leave. Refer to the *Duke University Faculty Handbook*, Chapter 4, for the description of the leave policy. Form 11/05-02

PLEASE PRINT CLEARLY OR TYPE

To be completed by the Department Chair for Temporary Parental Leave Requests:

In connection with the attached request for Temporary Parental Leave by _____ and in my role as Chair of the Department of _____, I recommend approval of this request.

Signature of Department Chair

Date

Note to Department Chairs: Please forward the faculty member's Temporary Parental Leave request to your dean together with this executed document.

To be completed by the Dean of the School for Temporary Parental Leave Request:

In connection with the attached request for Temporary Parental Leave as recommended above by _____, Chair of the Department of _____, I recommend approval of this request.

Additional information related to untenured tenure-track faculty requests for tenure clock relief for Temporary Parental Leave: I note that Dr. _____ is still an Assistant/Associate (circle one) Professor without tenure; therefore, Dr. _____'s tenure clock should be stopped from _____ to _____. We shall extend Dr. _____'s current appointment by _____ to accommodate this change in schedule.

Signature of Dean, School of _____

Date

Note to Dean of School: Please forward the faculty member's Temporary Parental Leave request to the Provost together with this document executed by the Department Chair and yourself.

To be completed by the Dean of the School for Temporary Medical Leave Requests:

In connection with the attached request for Temporary Medical Leave, I recommend approval of this request.

Additional information related to untenured tenure-track faculty requests for tenure clock relief for Temporary Medical Leave: I note that Dr. _____ is still an Assistant/Associate (circle one) Professor without tenure; therefore, Dr. _____'s tenure clock should be stopped from _____ to _____. We shall extend Dr. _____'s current appointment by _____ to accommodate this change in schedule.

Signature of Dean, School of _____

Date

Note to Dean of School: Please forward the faculty member's Temporary Medical Leave request to the Provost together with this executed document.