

Graduate Student Parental Leave Academic and/or Employment Accommodation Application

Graduate students requesting academic and/or employment accommodation should submit this completed form to their graduate program, employing unit, and the Graduate School four months prior to the anticipated delivery date or placement date, if the child(ren) is to be welcomed through adoption or foster care. If four months' notice is not possible under the circumstances, the form should be submitted as soon as possible.

This form is designed to coordinate with the "Academic Accommodation and Leave for Pregnant and Parenting Graduate Students" and the "Employment Accommodation and Leave for Pregnant and Parenting Graduate Students," collectively referenced as the "Policy." Nothing on this form shall be construed to contradict that Policy, as the Policy's terms supersede any conflicting terms on this form. Please review the Policy (<https://www.k-state.edu/grad/graduate-handbook/chapter1.html>) prior to submitting this form.

Please note that any employee eligible for FMLA leave may seek leave to the extent permitted by that law, as set forth in the University PPM, <http://www.k-state.edu/policies/ppm/4800/4860.html#40a>. Please contact Human Capital Services Benefits (benefits@ksu.edu, 785-532-6277) with questions about FMLA leave and for the required FMLA leave forms.

For graduate students on an assistantship (GTA/GRA/GA), please discuss your anticipated employment duties, if any, and stipend right away with your mentor, supervisor, and department head. Please first review the Employment Accommodation and Leave for Pregnant and Parenting Graduate Students policy and submit this application form as soon as possible, preferably four months prior to requested leave time.

Information for graduate student applying for accommodation:

First and last name: _____

Wildcat ID number (WID): _____

K-State email address: _____

Graduate program and degree level: _____

Anticipated leave dates: _____

Accommodation begins the day of the date of birth, or initial placement related to adoption or guardianship event.

Assistantship Status: GTA GRA GA Combination None

If you are a GTA/GRA/GA (or some combination), please indicate if you are seeking financial assistance during your leave, such that you receive an equivalent amount of your stipend during your leave, as further set out in and as limited by the Employment Accommodation and Leave for Pregnant and Parenting Graduate Students Policy.

Are you requesting continued stipend funding during your leave dates? Yes No

Is the other parent of the child(ren) a graduate student at K-State? Yes No

If you answered "yes" above:

Provide the name of the other parent: _____

Is the other parent requesting parental leave to care for the child(ren)? Yes No

Is the other parent requesting continued stipend funding during his or her leave? Yes No

Note: If both parents are requesting continued stipend funding while on parental leave, the parents are limited to a combined total of six weeks of funding, as set out in the Policy.

Required Documentation:

1. Provide a letter from your healthcare provider stating the anticipated dates of absence and date of birth. If for adoption or guardianship, provide substantiated documentation for anticipated dates of absence and date of custody. This can be a letter from the social worker or other official knowledgeable of the placement.
2. Provide an Academic Accommodation Plan that describes the type of academic engagement, progress expected, if any, during the leave period, and revised academic schedule for completing courses or research. You are not required to engage in academic activities during your planned leave nor make progress unless you explicitly request to do so and you have coordinated that request with your major professor and department head or graduate program director.
3. If you are a GTA/GRA/GA, provide a Modified Employment Plan that describes the type of employment responsibilities, progress expected, if any, during the leave period, and revised employment schedule for completing assigned responsibilities. You are not required to engage in employment responsibilities during your planned leave nor make progress unless you explicitly request to do so and it is agreeable to your major professor, supervisor of assistantship, and department head or graduate program director.

By signing below, I confirm that the information provided in this form and accompanying documentation is accurate.

Graduate student name: _____

Signature: _____ **Date:** _____

K-State email address: _____

By signing below, we agree with the student's Academic and/or Employment Accommodation Plan, as applicable.

Major professor: _____

K-State email address: _____

Signature: _____ **Date:** _____

Department head or graduate program director: _____

K-State email address: _____

Signature: _____ **Date:** _____

Supervisor (if employing unit is not the student's academic home): _____

K-State email address: _____

Signature: _____ **Date:** _____

The student should submit this completed form with required documents to the Graduate School, 113-119 Eisenhower Hall. A copy of this form and supporting documents should be retained in the student's academic department and employing unit if requesting employment accommodation.

Graduate Student Parental Leave Academic and Employment Accommodation

Student Name: _____

Academic Accommodation Plan:

Modified Employment Plan: