

# THE GEORGE WASHINGTON UNIVERSITY

## REQUEST FOR PARENTAL CHILDCARE LEAVE

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A regular or specialized member of the faculty shall be entitled to parental childcare leave upon certifying that he or she will provide at least half of the child's care during the leave period, subject to the terms and conditions set forth in this section. Parental childcare leave shall include release from teaching responsibilities and service responsibilities for one semester with full salary and benefits, and such leave shall terminate within twelve months after a minor dependent child is born or adopted or enters the faculty member's home under a foster care arrangement. During such leave, faculty members shall continue providing thesis and dissertation advising to students whom they advised prior to the leave unless adequate alternative arrangements are made. For faculty members engaged in externally funded grant or contract related activities, parental childcare leave shall include release from responsibilities to the University, but shall not include release from responsibilities to the external funding sources unless alternative arrangements are approved by such sources. A regular or specialized faculty member is entitled to parental childcare leave for a maximum of two minor dependent children who are born or adopted or enter the faculty member's home as foster children after the starting date of the faculty member's appointment to the university. Parental childcare leave under other circumstances or for other faculty, including leave with full or partial salary, may be granted at the discretion of the Provost, after consultation with the appropriate department chair (if applicable) and dean.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
GWID

\_\_\_\_\_  
Rank

\_\_\_\_\_  
School/Department

\_\_\_\_\_  
Have you been granted parental leave in the past? When?

\_\_\_\_\_  
Requested Semester of Parental Leave

I certify that I will provide at least half of the child's care during the leave period:

Certify                       Do Not Certify

I agree that I will provide Faculty Affairs with a copy of the child's birth certificate upon his/her birth:

Agree                       Do Not Agree

Rationale for Requesting Parental Leave:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**Comments by Department Chair:**

\_\_\_ Approve

\_\_\_ Do Not Approve

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\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

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**Comments by Dean:**

\_\_\_ Approve

\_\_\_ Do Not Approve

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\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

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Action by:

**Provost & EVP for Academic Affairs** \_\_\_\_\_

Date \_\_\_\_\_