

Partial Leave Form Addendum

**This addendum is for:**

[ ]  Personal Medical Leave (See A, B, and C)

[ ]  Family Formation Leave

[ ]  Family Support Leave (See A)

1. Ensure that the Medical Certification forms provide information supporting the percentage of leave / work requested below.
2. For personal medical leave for pregnancy, leave cannot be partial for the 6 weeks, no-documentation-needed period (estimated time frame: 2 weeks before birth, 4 weeks afterward).
3. After full-paid leave is exhausted (6 weeks of work-equivalent), half-pay leave is possible. Please contact Willie Miller (wmmiller@iu.edu) directly for that case.

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| --- | --- |
| Percentage which you will work (in whole 10%): |  |
| Percentage where you will be on leave (Make sure your answers equal 100%): |  |
| Description of duties for the work percentage: |  |

**Examples:**

* Will teach X classes
* Will/will not attend department, school, other committee meetings
* Will continue work on X project
* Will/will not be an advisor, mentor
* Will/will not continue work on research

**Signatures:**

|  |  |
| --- | --- |
| **Faculty Member:** |  |
| **Date:** |  |
| **Chair/Supervisor:** |  |
| **Date:** |  |

Updated 2-12-24