

Maternity Leave Application Form

To be completed by the faculty member

Name _____ Rank _____ SMU ID _____

Department _____ School: _____

Requested for _____ of _____
Semester Academic Year

Check the benefits below which you want in force while you are on leave. All other benefits will be suspended during your leave. If you are unsure which benefits you currently have, please check with the Benefits Office. This must be accurate. It is the only form of communication which the Benefits Office will have to initiate action on your behalf.

Medical	Supplemental Life Insurance
Dental	Spouse Supplemental Life Insurance
Vision	Dependant Supplemental Life Insurance
Group Accident Insurance	Group Accident Insurance

Any change in status (i.e., faculty member to pay full premium, etc.)

Address during leave to which letters and documents which require attention may be sent:

Provide leave application history (i.e., semester, year, normal or special, whether the leave was approved or denied).

To be completed by Department/Division Head and/orDean:

This leave is with _____ without pay

Will leave period affect tenure clock? Yes No

If yes, please initial your acknowledgement that your tenure clock has been extended one year.

Signature of Applicant Date

APPROVED:

Department Head _____

Date

Dean _____

Date

Provost _____

Date