



## Staff Parental Leave Policy

### Eligibility

Employees whose regular work schedule is at least 20 hours per week and who work 9 months or more per year are eligible for paid parental leave benefits after completion of one year of service.

### Benefits

An employee who takes primary responsibility for the care of a newborn child or newly adopted child is eligible for six weeks leave with normal pay and benefits during the period immediately following the birth or adoption. A **primary care giver** should be that person who takes primary responsibility for the care of an infant or small child. As such, the primary care giver may not receive compensation for other employment while on paid parental leave. In order to exercise the primary care giver benefit, an employee must complete an Affidavit stating that he or she is the primary person responsible for the child. This policy depends on, and assumes, the good faith of its participants with the clear intent to return. Leave benefits will be paid only for periods in which the employee would otherwise have worked.

After the six week paid leave, the primary care giver may use any accrued vacation time, sick time and/or floating holidays to continue a paid leave up to a maximum of 12 weeks leave. If there is no accrued time, the employee may continue an unpaid leave to a maximum of 12 weeks.

College contributions to health, life, and disability insurance in which the employee is enrolled will continue for 12 weeks to the extent provided by the Family and Medical Leave Act. In addition, retirement plan contributions will continue during any period of paid leave.

The maximum paid and unpaid parental leave is 12 weeks (except in the case of multiple births). Primary care givers who are unable to work because of a disability, which was caused by or contributed to by their pregnancy, may request an extension. Any extension is subject to a one-year limitation; however, the College reserves the right in any particular case to extend this privilege beyond one year without establishing a precedent.

If an employee fails to return to work, repayment of salary and benefit costs for all weeks of the **paid** parental leave benefit (up to 6 weeks) must be made to the College. An employee must be actively at work (that is, not using sick, vacation, floating holiday or personal time) for 6 weeks to be considered "returned to work".

Employees with less than one year of service will be granted leave in accordance with state and federal regulations.



## Affidavit of Parental Leave

### I. Declaration:

I, \_\_\_\_\_, certify that I have primary responsibility for the care of my newborn or newly adopted child in accordance with the following criteria and am, therefore, eligible for benefits under Mount Holyoke College's Paid Parental Leave Program.

### II. Status:

1. I am the parent of this newborn or newly adopted child (**birth certificate or adoption certificate** will be provided by non-birth parents).
2. I will be a primary caregiver of the newborn or newly adopted child during the time I am absent from work on paid parental leave and **will not be receiving other compensation** during this paid leave.
3. I have full intention to return to work at the expiration of my parental leave. However, should this change, I agree to reimburse the College proportionally for salary and benefits received as part of this Paid Parental Leave policy..

### III. Acknowledgements:

I understand that the qualified period of paid parental leave is six (6) weeks immediately following the birth or adoption. Anticipated date of birth or adoption: \_\_\_\_\_.

I understand that any person/employer/company who suffers any loss due to any false statement contained in the Affidavit may bring a civil action against me to recover their losses, including reasonable attorney's fees, and agree to indemnify and hold harmless any person/employer/company involved in such action.

If at any time it is determined that any information in this Affidavit is not true or my circumstances change, all parental benefits will cease, and I will be responsible to repay the value of any wages or benefits I derived.

I affirm, under penalties of perjury, that the assertions in this Affidavit are true.

(to be completed by HR upon notification of the birth or adoption)

Parental Leave begins on: \_\_\_\_\_ and ends on: \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date