

Graduate Student Parental Leave Application

Email application and supporting documentation to gradfinance@stonybrook.edu

Name _____ SBU ID _____

Email _____

Academic Level (Check one) _____ G1 _____ G2 _____ G3 _____ G4 _____ G5

Program _____

Program Contact Name _____ Program Contact Email _____

Current Stipend \$ _____ Source of Support _____ TA _____ RA _____ GA

Due Date or Date of Qualifying Event _____

Request Term

Requested Start Date _____ Requested End Date _____

Leave Type (Check one)

_____ RA(12 Weeks) _____ State TA/GA (1 Semester)

Request Reason (Check One)

_____ Birth of Child _____ Placement for Adoption/Foster Care

Required Supporting Documentation

Please include copies of the following when submitting this form (for any questions, please contact the Graduate School Finance Team)

- Doctor's note containing *Patient's Name, Due Date, Doctor's Name, and Doctor's Signature/Stamp* (see template below) or
- Relevant documentation for placement for adoption/foster care
- Most recent State or RF appointment form

Accommodation Statements and Signatures

Please review our guidance document for suggestions on accommodations and considerations for students on leave. A brief statement from the Graduate Program Director and the student's advisor confirming discussion of the leave request and any potential impact on degree progress may be provided. Not all statements are required; please coordinate with the Graduate School Finance Team.

Optional Statement from Graduate Program Director and/or Advisor

Name, Title	Signature	Date
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International Students

All international students are required to receive consultation from an International Student Services Advisor.

International Student Services Advisor Name	Signature	Date
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I acknowledge that I am aware of both the policies and requirements of the Parental Leave Approval.

Student Name	Signature	Date
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Doctor's Note Template for Parental Leave Application

The only information to be provided in the doctor's note is outlined below:

Patient Name _____ Due Date _____

Doctor Name Signature/Stamp (or written on doctor's letterhead)