I. POLICY STATEMENT

Paid Parental Leave (PPL) enables employees to support their family unit in connection with the birth, adoption, or placement of a child for foster care. This policy is established to demonstrate Northern Kentucky University’s (NKU) commitment to employees by supporting their family, professional, and academic responsibilities as well as NKU’s commitment to recruiting and retaining an inclusive, diverse, and qualified workforce that supports student success.

Upon request and following the provisions of this policy, employees will be granted PPL following the date of birth of an infant or placement/initiation of travel to secure custody of an adopted or fostered child.

REQUESTS FOR PPL

A) All requests for Paid Parental Leave (PPL) as described in this policy should be made as far in advance as possible, but generally not fewer than thirty (30) calendar days before the leave is to commence.

LENGTH AND TIMING OF PPL

B) Duration of the PPL is for up to six (6) consecutive weeks without any charge against accumulated sick or vacation time. Under certain circumstances, PPL may be taken on an intermittent basis—see item (E) below).

C) All requests for PPL will be for no more than six (6) consecutive weeks in a rolling 12-month period.

D) PPL is available for up to twelve (12) months from the date of the birth of the eligible employee’s child, the placement of the employee’s newly-adopted/fostered child (17 years old or younger) or the initiation of the employee’s travel to secure custody of the employee’s newly-adopted/fostered child (17 years old or younger).

E) PPL must typically be taken on a continuous basis (i.e., all at once). PPL on an intermittent basis (defined in section III below) is subject to approval by the employee’s supervisor in consultation with Human Resources. Employees who are approved for intermittent leave or a reduced work schedule must try to schedule their leaves so they will not disrupt the department’s operations.
COMPENSATION FOR PPL

F) PPL will be compensated at 100 percent of the employee’s regular pay at the time of the event and will be paid on the employee’s regular scheduled pay cycle.

INTERACTION OF PPL WITH FMLA & OTHER LEAVES

G) PPL will run concurrently with Family Medical Leave Act (FMLA) Leave if the employee is eligible for FMLA. If the employee has already exhausted their available FMLA Leave, the employee will remain eligible to use PPL if it has not been used within the past twelve (12) months.

H) Before the date of birth, placement, or initiation of travel, employees may use accrued Sick Leave, Vacation Leave, or compensatory time in accordance with the applicable policies.

I) After using the maximum PPL (six (6) weeks), employees may use their accrued Sick Leave, Vacation Leave, or compensatory time in accordance with applicable policies.

J) In cases of loss of pregnancy, a still birth, or infant death, the provisions of Family Medical Leave or Bereavement Leave will apply.

K) In cases where both parents are NKU employees that meet the eligibility criteria, they may each take six (6) weeks of PPL with no reduction in their accrued Sick Leave or Vacation Leave.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION

L) No employee shall be discriminated against or otherwise experience reprisals in any appointment, evaluation, promotion, tenure award or other employment-related process as a result of utilizing PPL and other provisions specified within this policy and as articulated in the University’s Equal Opportunity and Nondiscrimination policy.

II. ENTITIES AFFECTED

All full-time employees who have completed at least twelve (12) months of employment and have worked at least 1,250 hours in the prior 12 months.

III. DEFINITIONS

Child: A child for the purposes of this policy is defined as a newborn or newly adopted/fostered child who is 17 years old or younger.

Parent: An eligible parent is defined as a birth parent, spouse or domestic partner, or a new adoptive/foster parent who is the child’s primary caregiver.

Intermittent Leave: Intermittent leave is leave taken in separate blocks of time due to a single qualifying reason or on a reduced leave schedule under certain circumstances. A reduced leave schedule is a leave schedule that reduces an employee’s usual number of working hours per workweek, or hours per workday. A reduced leave schedule is a change in the employee’s schedule for a period of time, normally from full-time to part-time.
IV. RESPONSIBILITIES

**Employee**: Complete and submit a [Paid Parental Leave Request Form](#) to supervisor or department head.

**Supervisor/Department Head**: Review request form for completion and sign form indicating review of the request. Once signed, submit the request to Human Resources for approval.

**Human Resources**: Ensure all information is included on form including proper signatures for approval. If denied, ensure written explanation is included.

V. REFERENCES AND RELATED MATERIALS

**REFERENCES & FORMS**

- Paid Parental Leave Request Form

**RELATED POLICIES**

- Family and Medical Leave Act (FMLA)
- Sick Leave
- Vacation Leave
- Equal Opportunity and Nondiscrimination
- Bereavement Leave

Faculty Handbook (section 12.6 “Paid Leave for Illness, Temporary Disability, or Parental Leave”)

**REVISION HISTORY**

<table>
<thead>
<tr>
<th>REVISION TYPE</th>
<th>MONTH/YEAR APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Policy</td>
<td></td>
</tr>
</tbody>
</table>
### PARENTAL LEAVE

#### PRESIDENTIAL APPROVAL

**PRESIDENT**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashish K. Vaidya</td>
<td></td>
</tr>
</tbody>
</table>

#### BOARD OF REGENTS APPROVAL

**BOARD OF REGENTS (IF FORWARDED BY PRESIDENT)**

- [ ] This policy was forwarded to the Board of Regents on the *Presidential Report (information only)*.
  
  Date of Board of Regents meeting at which this policy was reported: _____/_____/_______.

- [ ] This policy was forwarded to the Board of Regents as a *Presidential Recommendation (consent agenda/voting item)*.
  
  - [ ] The Board of Regents approved this policy on _____/_____/_______.
    
    (Attach a copy of Board of Regents meeting minutes showing approval of policy.)

  - [ ] The Board of Regents rejected this policy on _____/_____/_______.
    
    (Attach a copy of Board of Regents meeting minutes showing rejection of policy.)

**SECRETARY TO THE BOARD OF REGENTS**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Knochelmann</td>
<td></td>
</tr>
</tbody>
</table>