

**Harvard T.H. Chan School of Public Health
Office of Faculty Affairs
PARENTAL LEAVE AND TENURE CLOCK EXTENSION
TO MEET CHILD CARE NEEDS**

Faculty members should submit the following information on one of the relevant forms below to the Office of Faculty Affairs.

Notification of Intention to Take Paid Parental Leave

Faculty member's name: _____

Anticipated date of birth or adoption: _____

I understand that my tenure clock will be automatically extended for one year. (There is a maximum extension of two years prior to tenure.)

Faculty member's signature: _____

Date submitted: _____

Please submit the [Faculty Sabbatical and Paid Leave of Absence Form](#) once the dates and financial arrangements are finalized.

Notification of a Birth or Adoption

Faculty member's name: _____

Date of birth or adoption: _____

I understand that my tenure clock will be automatically extended for one year. (There is a maximum extension of two years prior to tenure.)

Faculty member's signature: _____

Date submitted: _____