



# NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

## Graduate School of Biomedical Sciences

### **POLICY: PHD STUDENT PARENTAL LEAVE POLICY**

The Graduate School of Biomedical Sciences (GSBMS) at New York Medical College (NYMC) offers 8 weeks of fully paid parental leave for PhD students (Graduate Research Associates GRAs) to accommodate for the birth of their child or, in case of adoption, for full-time primary care of a child five years of age or younger, newly placed in the home. The Policy only covers PhD students during the period of their full-time enrollment in the graduate program at GSBMS. Surrogate mothers are excluded from the coverage under this Policy.

The parental leave may be used only by eligible students consecutively, within the first 8 weeks, immediately following birth, adoption, or foster placement of a child. The length of granted parental leave will not increase due to the birth or adoption of more than one child (e.g. twins). If both parents of a newborn or newly adopted child are concurrently enrolled in the GSBMS program, they cumulatively may receive up to 16 weeks of paid parental leave (8 weeks each).

PhD students may request a voluntary unpaid medical leave instead of, or in addition to, parental leave. Approved periods of medical leave will extend the time permitted to complete requirements for the degree and to graduate.

International students should consult with the International Student Advisor before requesting either voluntary medical leave or parental leave to clarify the implications for their visa status.

PhD students who plan to utilize parental leave are required to submit a written request, with explanation of the upcoming qualifying event, with timing and duration of the leave to their research advisor, Department Chair, Graduate Program Director and the GSBMS Dean's Office not less than three months (90 days) before the expected leave. A student who seeks parental leave should proactively manage their research duties and other professional commitments, such as teaching, and work with their research advisor and other supervisors to adopt a plan for the duration of the leave period.

Within 15 days of the birth or placement, the PhD student must provide the GSBMS Office with appropriate qualifying event documentation supporting the fact that the student is a full-time primary care provider of a newborn or adopted child, such as documentation of the birth of a child (e.g., birth certificate) or adoption documentation (e.g., adoption certificate). All medical information relating to parental leaves, whether verbal or written, shall be kept confidential to the maximum extent possible.

PhD students shall not have their stipend support and benefits reduced or eliminated while on approved, paid parental leave. However, the student will not be provided financial support or additional benefits if none were already in place. If the student is supported by external research grants, fellowships, or awards, the policies of the funding agency will supersede this Policy.

With the exception of certain circumstances (such as voluntary medical leave or funding deferral from an extramural agency), parental leave does not grant additional semesters of funding and does not change the length of time permitted to complete degree requirements and to graduate. This Policy is designed with the goal of minimizing the disruption to the graduate studies as a consequence of new parenthood. As

such, during parental leave the PhD student may attend classes and work towards completion of course assignments to the extent possible. Instructional staff are encouraged to be flexible about attendance and assignment deadlines during the period of the parental leave.

All exceptions to this Policy will be handled on a case-by-case basis upon written request to the GSBMS Dean's Office.

### PhD Student Parental Leave Request

Ph.D. Student Name \_\_\_\_\_

Advisor \_\_\_\_\_

Department \_\_\_\_\_

Date Request Initiated \_\_\_\_\_

Parental Leave Dates Requested \_\_\_\_\_

Total Duration of Leave Requested (weeks/days) \_\_\_\_\_

Explanation of Qualifying Event \_\_\_\_\_

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Request Approved \_\_\_\_\_ Denied \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

GSBMS Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver Comments \_\_\_\_\_

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