

**LOW INCOME PROTECTION PLAN**  
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***PARENTAL INFORMATION SHEET***

LIPP will cover eligible loan payments, as if the participant were working full-time, for up to six months for a parental leave immediately following the birth of a child.

For part-time work after having children, coverage is the same as if the graduate were working full-time. This policy applies only for parents of children not yet of age to enter ninth grade.

**NOTE:** In addition to this form, your employer must complete and submit the **Parental and Part-Time Leave Employer Certification Form.**

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Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

**Parental Leave**

I intend to take parental leave during the current award period

Date parental leave begins: \_\_\_\_\_ Date parental leave ends: \_\_\_\_\_

Anticipated birth date of child: \_\_\_\_\_

\* if your employer is unwilling to provide you a parental leave (paid or unpaid) and you must leave your job, please let us know. During parental leave we provide assistance using your Full - Time Equivalent (FTE) salary.

**Part-Time Parental Leave**

I intend to work part-time in order to care for my child/children.

Part-time employment begins: \_\_\_\_\_ Part-time employment ends: \_\_\_\_\_

Number of hours/week while working full-time: \_\_\_\_\_

Number of hours/week while working part-time: \_\_\_\_\_

Dependent Children: (attach separate sheets, if necessary)	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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