

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.**

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>
	_____	_____
	_____	_____
	_____	_____

Applicant's Signature: _____ Date: _____
