

POLICY TYPE: MEMBER

POLICY TITLE: PARENTAL LEAVE

POLICY STATEMENT

In support of those AAO members who are raising families while they are in practice, the AAO has set a policy for those members who choose to take parental leave. The AAO recognizes the need for its members ongoing professional development and wishes to continue member benefits during these periods of parental leave.

POLICY

A full or part-time member, who takes parental leave to provide childcare for a new birth, adoption, or foster child, is eligible to apply for a rebate of their dues at the end of the year in which the parental leave is taken.

Members on approved parental leave retain full membership status and are eligible for all Association membership benefits.

To qualify for a rebate, the member must be able to provide proof they did not provide direct patient care during the period in question.

Dues will be rebated on a pro-rated basis of one twelfth of the full or part-time membership fee for each month of leave taken and will be credited against the following year's dues. Dues payable to the CAO will be pro-rated in the same manner.

Parental Leave is for up to one year. A parental leave that begins very early in the calendar year would still require payment of a full year's dues. In recognition of this potential hardship, the member could submit an Application for Dues Relief.

PROCEDURE

The member is responsible for informing the AAO Member Services Coordinator of their Parental Leave. The member will complete the application for Parental Leave, which is an affidavit confirming the length of time away from in-person or virtual patient care per year.

When dues are paid in full at the beginning of the year and the Parental Leave is taken, a pro-rated rebate based on the length of time away from practice is calculated and applied to the upcoming/following year's dues. *See Example 1 below.*

If Parental Leave occurs over two calendar years, two separate pro-rated rebates will be applied. The first pro-rated rebate is applied to the dues in the calendar year following the initial Parental Leave application. A second pro-rated rebate will be applied to the subsequent year of dues when application has once again been made. *See Example 2 below.*

EXAMPLES

To ensure members are aware of how the dues are calculated, the following examples are provided:

Example 1: Parental Leave in the previous calendar year, March to July (5 months).

The application for Parental Leave is completed to confirm leave from practice for March to July of 2018. A rebate, pro-rated based on the member's previous calendar year's (2018) dues, is calculated and applied to the upcoming calendar year's (2019) dues. Thus, 5/12 of the 2018 dues would be applied against the 2019 dues.

Example 2: Parental Leave occurs over two calendar years, October to March (6 months).

The application for Parental Leave is completed to reflect leave from practice for October to December 2018 (3 months). A rebate, pro-rated based on the dues the member paid in the previous calendar year (2018), is calculated and applied to the upcoming calendar year dues (2019). Thus, 3/12 of 2018 dues would be applied against the 2019 dues.

The following December (2019) a second application for Parental Leave is completed reflecting leave from practice for January to March of 2019 (3 months). A rebate, pro-rated based on the previous calendar year dues paid, is calculated and applied to the following calendar year dues. Thus, 3/12 of the 2019 dues would be applied against the 2020 dues.

Approved:	February 13, 2019
Revised:	November 22, 2023
Note:	
Monitor Date:	
Monitoring	This policy shall be reviewed and discussed by the Council.

Application for Parental Leave Benefit

Personal Information
Name: _____ Phone#: _____ Home Address: _____
Practice Information – Prior to Leave (Please attach additional sheet if necessary)
<u>Primary Practice</u> Name: _____ Phone#: _____ Address: _____ Date of Last Day of Work at Primary Practice: _____
<u>Satellite #1</u> Name: _____ Phone#: _____ Address: _____ Date of Last Day of Work at Satellite #1: _____
<u>Satellite #2</u> Name: _____ Phone#: _____ Address: _____ Date of Last Day of Work at Satellite #2: _____
Practice Information – After Leave (Please attach additional sheet if necessary)
Date of First Day Returned to Work: _____
<u>Primary Practice</u> Name: _____ Phone#: _____ Address: _____
<u>Satellite #1</u> Name: _____ Phone#: _____ Address: _____
<u>Satellite #2</u> Name: _____ Phone#: _____ Address: _____

Leave Information

Total Months of Leave: _____

Date of Child's Birth: _____

I _____, hereby declare that I did not engage in the practice of optometry from the dates of _____ to _____ and request pro-rated reimbursement for the number of months stated above. I understand that the practices listed above may be contacted for confirmation of my absence and that the Parental Leave Benefit may be revoked from me, at the discretion of the AAO Council, if the information provided herein is found to be inaccurate.

Signed: _____

Date: _____