

Please note that this form will be returned to the department if it does not include all pertinent information, including the attachments.

SECTION I. FACULTY MEMBER INFORMATION

Date: _____

Department: _____

Name: _____

Rank: _____ Empl ID: _____

Campus Address: _____

SECTION II. WORKLOAD RELIEF INFORMATION

For the period: Fall Term: Sept 1, _____ through Jan 15, _____

Spring Term: Jan 16, _____ through May 31, _____

The workload relief requested is (check one):

- one semester of full relief
- two semesters of half relief

In conjunction with the birth/adoption of

Name (if known): _____

Expected date of birth: _____

Supporting Material:

- A. Workload relief is provided for faculty members who have sole responsibility for the care of a newborn infant or newly-adopted pre-school child for at least 20 hours during the work week (8 a.m. to 7 p.m., Monday through Friday). This recommendation for workload relief must be accompanied by a memorandum from the faculty member requesting the workload relief, describing the care arrangements for the new child during the work week, and estimating the number of hours per week that the child will be in the faculty member's sole care.
- B. On a separate sheet, please provide the plan of how the Department will facilitate the workload relief, including any requests for teaching budget support from the Office of the Dean of the Faculty.

Signatures:

Chair of Department/Chair of Joint Department (if applicable)

Date

Action by the Office of the Dean of the Faculty

Date