



PARENTAL WORKLOAD RELIEF REQUEST FORM

Instructions: Please submit this completed application and all supporting information to your Chair (if applicable) who will then route it to your Dean and to the Office of Faculty Affairs for approval.

To be Completed by Employee

Name: _____ Email: _____

Rank: _____ Department/School: _____

I am hereby requesting Parental Workload Relief for the care of (Child's Name/TBD) _____

born/adopted on _____ for the following period:

- Full relief from teaching/administrative duties during the Fall semester of _____

- Full relief from teaching/administrative duties during the Spring Semester of _____

- Half relief from teaching/administrative duties during the Academic Year _____

Acknowledgment Statement

- I agree to return for one full year at the end of this period of Parental Workload Relief.
- I understand that this request is in accordance with the Faculty Parental Leave and Workload Relief policy, as specified in the Faculty Manual.

Signature (Click on box above and
sign with your digital ID)

Date

To be Completed by Department/School

Chair/Dean: Please indicate applicant's normal teaching load and administrative duties to be reassigned during the requested period of Parental Workload Relief:

Department Chair (if applicable)

Print Name

Signature (Click on box above and
sign with your digital ID)

Date

Dean

Print Name

Signature (Click on box above and
sign with your digital ID)

Date

To be Completed by Office of Faculty Affairs

Vice Provost

Print Name

Signature (Click on box above and
sign with your digital ID)

Date