

**Application form
UC Merced Interim COVID-Related Dependent Care Modified Duties**

Use this form to request Interim COVID-Related Dependent Care Modified Duties. Email the completed the form to your Department Chair, who will review and make a recommendation and send forward to the Dean and School Personnel Staff.

Name _____

Department _____ Title (rank and step) _____

- (1) List your dependents below. Specify ages and your relationship to each.

- (2) What percentage of their care are you responsible for? Note that you must establish that your responsibility is 50% or more. Please explain in as much detail as possible.

- (3) Describe how your work life has been affected by your status as a caregiver in the pandemic. *Note: If you are Assistant or Associate Professor, explain in detail how being a dependent caregiver in the pandemic is affecting your career trajectory in its early stages.*

- (4) To maximize the probability of accommodating your needs, specify what modified duties you prefer. Examples: modified teaching schedule/modality and course offerings, teaching support, relief from service contributions. Provide more than one preference and put them in ranked order.

- (5) In which semester would you like your relief to occur? Please also list a second choice.
 1st choice: Fall 2020 ___ Spring 2021 ___ Fall 2021 ___ Spring 2022 ___
 2nd choice: Fall 2020 ___ Spring 2021 ___ Fall 2021 ___ Spring 2022 ___ N/A ___

- (6) If you have a partner, is your partner an [essential worker](#)? Provide details please.

- (7) Do any of your dependents have special needs? If so, please only provide as much information as you are comfortable. Please do not include information about medical treatment or diagnosis.

- (8) Do you share your dependent caregiver responsibilities with another person on campus? If so, will they be requesting Interim COVID-Related Modified Duties? Please provide useful details, for instance, the person's name, title, and department, and in what semester(s) they are requesting Interim COVID-Related Modified Duties.

I hereby certify that the above statements are true and that I will have more than 50% responsibility for the care of my dependent. I understand that this is not a leave and that the time does count toward the eight-year limitation on service in certain titles ([APM 133](#)).

CANDIDATE SIGNATURE		DATE					
DEPT CHAIR RECOMMENDATION	RECOMMEND APPROVAL <input style="width: 20px; height: 20px;" type="checkbox"/>	RECOMMEND DENIAL <input style="width: 20px; height: 20px;" type="checkbox"/>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 70%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">DEPARTMENT CHAIR SIGNATURE</td> <td style="text-align: right; padding-right: 5px;">DATE</td> </tr> </table>			DEPARTMENT CHAIR SIGNATURE	DATE
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DEAN DECISION	APPROVED <input style="width: 20px; height: 20px;" type="checkbox"/>	DENIED <input style="width: 20px; height: 20px;" type="checkbox"/>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 70%;"></td> <td style="border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">DEAN SIGNATURE</td> <td style="text-align: right; padding-right: 5px;">DATE</td> </tr> </table>			DEAN SIGNATURE	DATE
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Cc: Academic Personnel