**Application form**

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

**Spring 2022**

*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. Note: Any requests for permanent online instruction modality require approval by the Academic Senate and should not be submitted via this form.
5. If you have a partner, is your partner an [essential worker](https://covid19.ca.gov/essential-workforce/)? Provide details please.
6. 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.
7. 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](https://ucop.edu/academic-personnel-programs/_files/apm/apm-133.pdf)).

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| CANDIDATE SIGNATURE | DATE |

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| DEPT CHAIR RECOMMENDATION | RECOMMEND APPROVAL |  | RECOMMEND DENIAL |  |  |  |  |
| DEPARTMENT CHAIR SIGNATURE | DATE |
| Recommended modified duties: |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| DEAN DECISION | APPROVED\* |  | DENIED |  |  |  |  |
| DEAN SIGNATURE | DATE |
| Approved modified duties: |  |

Cc: Academic Personnel Office for the personnel file