

LEAVE OF ABSENCE REQUEST FORM - PAID MEDICAL LEAVE (APM 710) FOR CHILDCARE

A. EMPLOYEE

NAME (LAST, FIRST, MIDDLE) EMPLOYEE ID NUMBER DATE PREPARED
TITLE SCHOOL/DEPARTMENT SCHOOL/DEPARTMENT CONTACT NAME & PHONE

B. TYPE OF LEAVE

Paid Medical Leave (APM 710) for the purpose of child care

1. I am unable to work or telework because my child/children are not able to physically attend their school or place of care due to COVID-19 precautions during the Fall 2020 semester (non-Senate) or Spring 2021 semester (Senate). Initials: _____

2. Name of each child who is not able to physically attend their school or place of care due to COVID-19 precautions during the Fall 2020 3. The name of each school or place of care that my child/children are unable to physically attend due to COVID-19 precautions:

Blank lines for child and school names.

C. LEAVE DATES & LOCATION

BEGIN DATE RETURN DATE SEMESTERS AFFECTED* % for Partial Leave**
*Fall: Non-senate only; Spring: Senate only **Work with APO to determine %

D. Section to be completed for academic appointees who accrue sick leave pursuant to APM 710-20

Number of days of sick leave requested: _____ Current sick leave balance: _____

E. Section to be completed for academic appointees who DO NOT accrue sick leave pursuant to APM 710-11

Course being released: _____ Assessment of faculty member's percent of effort for this course for this semester: _____
Current balance of APM 710 leave at the time of request: _____ New balance of APM 710 leave at the conclusion of the request: _____

F. DISPOSITION OF WORK WHILE ON LEAVE (SCHOOL ONLY; ATTACH ADDITIONAL SHEETS IF NEEDED)

Large empty box for work disposition details.

G. SIGNATURE AND APPROVALS

EMPLOYEE SIGNATURE DATE DEPARTMENT CHAIR SIGNATURE DATE
DEAN/DEAN DESIGNEE SIGNATURE DATE VICE PROVOST FOR ACADEMIC PERSONNEL SIGNATURE DATE
DEAN RECOMMENDATION TO APPROVE YES [] NO [] Dean and Department Chair recommendation memos attached