INSTRUCTIONAL STAFF

APPLICATION FOR SPECIAL LEAVE FOR CHILD CARE PURPOSES (Unpaid)

Instructions: Applicant completes form and forwards to department chair/unit head for signature. Chair/unit head forwards to school dean or appropriate vice president for signature and completed form is forwarded to the Office of Faculty and Staff Relations (OFSR) in Namm 305. (Note: Applicant must submit supporting documentation referenced below directly to the OFSR Executive Director.)

Name: ________________________________

Rank/Title: ____________________________ Department: ________________________________

I hereby apply for a childcare leave of absence, for the period __________________________ through____________________. I understand that the following conditions apply to this leave:

1. The leave is without pay, and may affect health insurance coverage.

2. Written application can be made (prior to the expiration of the original leave) to extend leave for a period not to exceed more than one year from the end of the original leave.

3. If the period of leave is for one year or more, it will not be credited towards salary movement within schedule.

4. A childcare leave of absence may cause a break in service towards tenure, certificate of continuous employment (CCE), or certificate of continual administrative service (13.3(b)).

5. Employees who are on leave without pay are not eligible for retirement credit while on leave, except that members of TRS on leave for less than one year may be recommended for retirement credit with final approval made by TRS.

6. Supporting documentation verifying legal responsibility for the care and/or support of a newborn child must be presented to the OFSR Executive Director, to accompany application. (Examples include a copy of the birth certificate, or a physician’s statement or other document establishing legal responsibility.)

Date: ____________________________ Signature: ________________________________

Noted by:

Date: ____________________________ Signed: ________________________________
(Department Chair/Unit Head)

Date: ____________________________ Signed: ________________________________
(School Dean/Vice President)

Date: ____________________________ Signed: ________________________________
(OFSR Executive Director)

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