Application for Schedule Modification or Other Adjustment, per the Faculty Childbirth / Adoption Policy

Please see the Faculty Childbirth / Adoption Policy, at www.fandm.edu/humanresources/article/faculty-childbirth-adoption-policy, for details regarding options during pregnancy and following childbirth or adoption.

Please note: The faculty member must be the primary caregiver during the semester(s) in which a reduced teaching load is requested.

Your Name:

Department:

Expected Date of Child’s Birth / Arrival:

The expectation is that the faculty member using the policy will remain engaged with their department by attending department and faculty meetings, serving on search committees (as needed), and remain involved in the life of the department and college. Faculty using the policy are expected to have governance duties and advisees. Faculty may supervise independent study projects, particularly those that support their own research objectives.

In addition, the faculty member will have compensatory duties in lieu of teaching one (or two) courses. Describe the compensatory duties you, your Department Chair, and the Provost have agreed upon. Note the semester(s) for which you are requesting a reduced teaching load, if applicable.
I certify that I am eligible for a reduced teaching load / schedule modification, or other consideration, per the Childbirth / Adoption Policy as follows:

• I certify that I am the natural or adoptive parent, or my same-sex domestic partner is the natural or adoptive parent, of the child for which I will be providing care.

• I certify the child for which I will be providing care is age 5 or under.

• If a course reduction is requested: I certify I will be the child’s primary caregiver during the semester(s) in which a course reduction is requested. For purposes of this policy, “primary caregiver” is defined as the parent or legal guardian who is primarily responsible for the physical and emotional care of the child during what would normally be the parent’s / guardian’s working hours, and who provides such care to the child on a routine – daily – basis.

I understand that I will have governance duties, advise students, attend department meetings and faculty meetings, participate in searches, and remain engaged with the institution, while completing the compensatory tasks, as given above, for the following time period:

Beginning date: _______________________ Ending date: _______________________.

Date by which compensatory duties will be complete, if different from above:

________________________________________

Signed,

Faculty member: ___________________________ Date: __________

Department Chairperson: ____________________ Date: __________

Associate Dean: ___________________________ Date: __________

Provost: _________________________________ Date: __________

Please return this completed form to the Office of the Provost, Old Main, Franklin & Marshall College.

For Provost’s Office Use:

Comments: