



**Faculty Childbirth / Adoption Policy**  
**Application for Schedule Modification or Other Adjustment**

Your Name: \_\_\_\_\_

Department: \_\_\_\_\_

Expected Date of Child's Birth / Arrival: \_\_\_\_\_

Semester(s) during which course reduction will be taken: \_\_\_\_\_

***I certify that I am eligible for a reduced teaching load / schedule modification, or other consideration, per the Childbirth/Adoption Policy as follows (please initial):***

\_\_\_\_\_ I have read and understand the Faculty Childbirth/Adoption Policy, in the current Faculty Handbook, regarding options during pregnancy and following childbirth or adoption.

\_\_\_\_\_ 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.

Signed,

\_\_\_\_\_

*Faculty member:*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Department Chairperson:*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Associate Dean of the Faculty:*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Provost and Dean of the Faculty:*

\_\_\_\_\_

*Date*

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

**For Provost's Office Use:**

Comments: \_\_\_\_\_

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