

FAMILY CHILD CARE REQUEST FORM

Pursuant to the Family Childcare Leave policy, I, _____, hereby request one semester of Family Childcare leave for the _____ semester, _____ year.

Faculty Family Childcare Leave Policy

Policy

Faculty are eligible for the following Family Child Care Leave benefit:

Paid Family Child Care leave will be granted for the duration of one academic semester per faculty member that is a member of the UT-AAUP. For 9-month faculty, leave may be taken in either Fall or Spring semester. For 12-month faculty, leave may be taken during Fall or Spring semester or during the Summer term. Such leave will run concurrently with the faculty member's twelve (12) weeks of leave granted under the Family and Medical Leave Act (FMLA). If both parents are members of the University faculty, only one may be eligible to take leave under this Family Child Care Leave policy. This benefit shall be available to all faculty on the first day of their appointment. During such leave, faculty members will remain on the regular University of Toledo payroll at full salary and will retain full benefits coverage.

Upon confirmation of pregnancy or adoption, faculty members shall provide the University with written notification of their pregnancy or intention to adopt and a certificate from their doctor or adoption agency stating the expected time of childbirth or adoption as soon as is reasonably practical.

Before such leave is granted, the faculty member must submit the appropriate forms to her/his Department Chair. After the Department Chair processes the request for Family Child Care leave, the forms will then be forwarded to the College Dean.

Faculty members shall give written notification of their intention to return to work following their period of Family Child Care Leave. Any change in their proposed date of return shall be communicated in writing to the Chair twenty-one (21) days prior to the faculty member's intended return date.

Faculty members shall notify the University if they intend to take an extended leave beyond one academic semester. If such extended leave is desired, the faculty member must use sick leave. The University may seek written confirmation of the proposed return date no earlier than twenty-one (21) days before the end of the Family Child Care Leave, clarifying the consequences if the

faculty member fails to respond, and the faculty member shall be required to reply within fourteen (14) days.

Non>Returns

Members who accept the Family Child Care Leave shall be obligated to return to full-time service at the University for one academic year thereafter or reimburse the University for the salary they received while on Family Child Care Leave. In exceptional circumstances, the University may waive this requirement, for example in cases of the birth of a severely disabled child, whereby the faculty member is not able to return to work, or whereby the mother is permanently incapacitated following the birth.

Faculty Member's signature

Date

Dean's signature

Date

Department Chair's signature

Date

Sr. Director, Faculty Labor Relations

Date

FAMILY CHILDCARE EVALUATION FORM

Pursuant to the Family Childcare Leave policy, I, _____, was on Family Child Care Leave for the _____ semester, _____ year.

(check one or both boxes)

I request that this form be placed in my dossier to extend my probationary period by one semester.

I request that this form be placed in my dossier so that I am only evaluated for one semester (the semester in which I was not on Family Child Care Leave) and the score I receive will be based only on that semester.

The evaluation process shall be subject to the following provision:

Evaluation

Evaluation - All evaluations of teaching, professional activity, service, used for promotion, renewal, merit, dean’s merit, professional assessment and/or special assessment, shall remain unaffected by leave under this article except for in the manner described below. No negative impact shall occur in any evaluation as a result of such leave.

For the purpose of annual evaluation, a faculty member who takes leave under this section will only be evaluated for one semester (the semester in which she/he was not on such leave) and the score she/he receives will be based only on that semester. If a faculty member on leave under this section feels that she/he received a negative evaluation because of such leave, he/she may grieve the evaluation.

Faculty Member’s signature

Department Chair’s signature

Date

Date

Dean’s signature

Sr. Director, Faculty Labor Relations

Date

Date