

FAMILY ACCOMMODATIONS REPORTING FORM

Via:	Executive Vice Chancellor, Academic Affairs, 0065	· · · · · · · · · · · · · · · · · · ·	
	Dean's Office	Prepared By:	
	Deans Initials	Extension:	
Acaden	nic Appointee Information:		
Name ((Last, First, MI):	Department:	
Title (R	ank & Step):	Appt. End Date (If Any):	
Leave/	Extension Status:		
Leave	 Is this an extension of a previous 	leave request?	∏Yes ∏No
		ed a probationary period extension?	☐Yes ☐No
		ion based upon the same family event?	☐Yes ☐No
		ed a deferral of academic review as a	Yes No
	family accommodation?	ta a deferral of academic review as a	
	•	al based upon the same family event?	□Yes □No
FML Sta		ar based upon the same ranning event:	
	 Is the appointee eligible for Fami 	ily and Medical Leave?	□Yes □No
	 Has the appointee been notified 		☐Yes ☐No
	 Is the appointee's FML being trace 		Yes No
Child	dbearing and Parental Bonding Leave	sicu.	
	Type of Leave		
_	o Childbearing Leave		
	Childbearing Leave Dates:	From To	
	Pay Period Leave Dates:	From To	
	 Service Quarter(s) of Leave 	Fall Winter Sprin	g Summer
	Parental Bonding Leave		<u> </u>
	Parental Bonding Leave Dates:	From To	
	Pay Period Leave Dates:	From To	
	Service Quarter(s) of Leave	Fall Winter Sprin	g Summer
•	Date of Event:		<u> </u>
•		ner (Provide explanation/justification below)	
	· — · —	ORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):	
•	Extension of Probationary Period: Is the appointe	e in a title subject to probationary period?	☐Yes ☐No
•		e in a title subject to probationary period? atically extended one (1) year unless appointe	
•	o IF YES -Probationary period will be automa	· · · · · · · · · · · · · · · · · · ·	
•	 IF YES-Probationary period will be automated Opt Out: I DO NOT wish to have my probeferral of Academic Review: 	atically extended one (1) year unless appointe robationary period automatically extended	e opts out
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FAMILY ACCOMMODATIONS REPORTING FORM

Active Service-Modified Duties (ASMD)			
ASMD Period:	From	To	
 Service Quarter(s) of ASM 	D Fall Win	nter Spring Sur	mmer
Reason for ASMD:			
 Is the period of ASMD concurrent v 	with Childbearing or Parental Bo	nding Leave? Yes No)
 IF NO, please provide the Date of E 			
• Compensation: Full S	alary \square Other (Provide exp	lanation/justification below)	
 Explanation/Justification \(\eta \) 	ATTACH ADDITIONAL INFORMATION ON A SEPARAT	E PAGE IF ADDITIONAL SPACED IS REQUIRED):	
Modification Plan			
oTeaching Relief-List Co	urse(s) to be relieved		
Quarter		Course Title	
Fall Winter			
Fall Winter			
Fall Winter			
oOther-Provide explana	tion/justification (attach additional ii	IFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED) IS REQUIRED):
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Extension of Probationary Period: TEXES Probationary Period:		· · · · · —	
	•	l one (1) year unless appointee opts o	
 Opt Out: I DO NOT wis Deferral of Academic Review: 	sh to have my probationary peri	od automatically extended Appoil	ntee Initials
	lemic review as a family accomo	dation	intee Initials
<u>—</u>	nust be in coordination with Extension o		ntee initials
REQUESTS FOR PROBATIONARY PERIOD A	-		t would avalify for a
(Complete this section ONLY if the appoin		accommodation for this event that	t would qualify for a
probationary period extension and/or review	v dejerrai.)		
• Type of Request: Request to	Extend Probationary Period R	equest to Defer Academic Review as a Fai	mily Accommodation
Type of frequest.	Exterior robutionary remod		
Reason for Probation Extension/Re	Niew Deferment		
Reason for Probation Extension/Re	eview Deferment	FORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED I	
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Date of Event			
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FAMILY ACCOMMODATIONS REPORTING FORM

Approval Summary Completed by VC:	□N/A			
Date:				
Academic Appointee:				
Per your request, the following items have been approved:				
Extension of Probationary Period -Your Probationary Period has been extended and Promotion to the Associate level must be achieved not than	o later			
☐ Deferral of Academic Review ☐ N/A -Your next Academic Review will be conducted in Fall and will have an effective date of				
AVC Signature: Date:				

6/7/2017 AP ANALYST INITIALS:_____ DATE COMPLETED:_____



FAMILY ACCOMMODATIONS REPORTING FORM INSTRUCTIONS

The Family Accommodations Reporting (FAR) form should be prepared by the department in coordination with the academic appointee. The appointee is expected to review the FAR form, provide the necessary attachments, and assure the accuracy of the reported information.

CHILDBEARING LEAVE/PARENTAL BONDING LEAVE (PPM 230-15.II.A and PPM 230-15.II.B)

- 1. Leave Period: Provide the actual dates of leave, the pay period of leave, and the service quarter of leave.
- 2. <u>Date of Event:</u> Provide the anticipated or known date a new child will enter or has entered an appointee's home.
- 3. Compensation: Review the PPM for the policy on pay status for the appointee's series while on childbearing leave and/or parental bonding leave. If compensation is to be other than with full salary, provide an explanation i.e., appointee has no sick or vacation accrual available, leave extended beyond six weeks, etc.
- 4. <u>FML:</u> Departments should ensure <u>UCOP Family and Medical Leave (FML) guidelines</u> are met and FMLs appropriately tracked. Please visit the <u>UC San Diego Family and Medical Leave</u> webpage for links to the University of California forms and additional information and contacts for the San Diego campus.
- 5. Extension of Probationary Period: An appointee who is subject to a probationary period and who reports childbearing leave or parental bonding leave will automatically receive a one year extension of the probationary period. Appointees who do not wish to have the probationary period extended should check the "opt out" box and initial.
- 6. <u>Deferral of Academic Review:</u> If the appointee wishes to defer the next academic review, s/he should check the box and initial. Appointees at the Assistant Professor level must do so in coordination with extension of the probationary period. All eligible appointees may do so in compliance with APM 200.

FAMILY LEAVE (PPM 230-15.II.E)

- 1. Leave Period: Provide the actual dates of leave, the pay period of leave and the service quarter of leave.
- 2. Reason for Leave: Provide a brief description of the reason for which family leave is being requested.
- 3. Compensation: Family leave is normally without salary. If leave is other than without salary, provide an explanation i.e., appointee to use vacation leave accrual.
- 4. FML: Departments should ensure UCOP Family and Medical Leave (FML) guidelines are met and FMLs appropriately tracked. Please visit the UC San Diego Family and Medical Leave webpage for links to the University of California forms and additional information and contacts for the San Diego campus.
- 5. <u>Extension of Probationary Period:</u> An appointee who is subject to a probationary period and who reports a family leave equal to or in excess of one quarter will automatically receive an extension of the probationary period. An appointee who does not wish to have his or her probationary period extended should check the "opt out" box and initial.
- 6. <u>Deferral of Academic Review:</u> If the appointee wishes to defer the next academic review, s/he should check the box and initial. Appointees at the Assistant Professor level must do so in coordination with extension of the probationary period. All eligible appointees may do so in compliance with APM 200.

ACTIVE SERVICE-MODIFIED DUTIES (ASMD) (PPM 230-15.II.D)

- 1. <u>ASMD Period:</u> Provide both the actual dates of ASMD and the service quarter/s of ASMD.
- 2. Reason for ASMD: Provide the reason for which the ASMD is being requested.
- 3. <u>Date of Event:</u> In the case of ASMD unrelated to childbearing or parental bonding, provide the date of the qualifying event.
- 4. <u>Compensation:</u> Review the PPM for the policy on pay status for the appointee's series while on ASMD. If compensation is to be other than with full salary, provide an explanation i.e., appointee's appointment will be reduced for period of ASMD, etc.
- 5. <u>Modification Plan:</u> For faculty, provide the course(s) to be relieved. If a modification plan does not include teaching relief, a description of the proposed modification plan should be attached.
- 6. <u>Extension of Probationary Period</u>: An appointee who is subject to a probationary period and who requests ASMD will automatically receive an extension of the probationary period. An appointee who does not wish to have his or her probationary period extended should check the "opt out" box and initial.
- 7. <u>Deferral of Academic Review:</u> If the appointee wishes to defer the next academic review, s/he should check the box and initial. Appointees at the Assistant Professor level must do so in coordination with extension of the probationary period. All eligible appointees may do so in compliance with APM 200.

REQUEST TO EXTEND PROBATIONARY PERIOD (PPM 230-15.II.F) AND/OR REQUEST TO DEFER ACADEMIC REVIEW AS FAMILY ACCOMMODATION (PPM 230-15.II.G)

For stand-alone requests, provide the date of the qualifying event and a brief description of the reason for which the accommodation is requested. As above, appointees at the Assistant Professor Level who defer must do so in coordination with extension of their probationary periods, and all appointees may do so in compliance with APM 200.

REQUEST BY DEPARTMENT FOR TEMPORARY FTE REIMBURSEMENT

To assist departments in meeting undergraduate teaching responsibilities impacted by ASMD, childbearing leave and parental bonding leave, the Executive Vice Chancellor for Academic Affairs will provide a one-course FTE reimbursement in the amount of \$8,000 per quarter for each ladder-rank faculty member or member of the teaching professor series on ASMD, childbearing leave, or parental bonding leave. Reimbursement is available to departments engaged in undergraduate teaching only.

Departments reporting childbearing leave, parental bonding leave, and/or ASMD for a ladder-rank or teaching professor faculty member who wish to request funds should provide the index number to which funds should be transferred. A description of the department teaching plan must be attached. If not already provided on the FAR form, the teaching plan should include the faculty member's course(s) to be relieved. Requests are subject to approval by the Executive Vice Chancellor.

SIGNATURES

Appointee's initials (if applicable) and signature are required. Department chair's signature acknowledges that he or she is aware of the appointee's intentions and has discussed the situation with the appointee.