

UCSD FAMILY ACCOMMODATIONS REPORTING FORM
SCHOOL OF MEDICINE

To: **Senior Vice Chancellor, Academic Affairs, 0066 ***

Via: Associate Dean for Academic Affairs, 0602

Dean's Initials

* Salaried Clinical appointment actions are reported directly to the Associate Dean for Academic Affairs, SOM

Date: _____

Prepared By: _____

Extension: _____

ACADEMIC APPOINTEE INFORMATION:

Name (Last, First, MI): _____

Department: _____

Title (Rank and Step): _____

Appt. End Date (If Any): _____

CHILDBEARING LEAVE

1. Leave Period: Dates of Leave: From _____ Through _____ Extension of a previous leave: Yes No

2. Compensation: With Salary *Please provide explanation if other than full salary:*

3. FML: Is appointee eligible for Family and Medical Leave?

Yes No

Appointee has been notified in writing

FML is being tracked

4. Extension of Probationary Period: Is appointee in a title subject to probationary period?

Yes *If yes, probationary period will be automatically extended one year unless appointee opts out* No

Opt out: *I do not wish to have my probationary period automatically extended*

Appointee's Initials

5. Deferral of Academic Review:

I wish to defer my academic review in coordination with extension of probationary period

Appointee's Initials

Internal Use Only

Probation end date: _____

New probation end date: _____

Academic review date: _____

New academic review date: _____

Date of memo to appointee: _____

PARENTAL LEAVE

1. Leave Period: Dates of Leave: From _____ Through _____

2. Compensation: Without Salary *Please provide explanation if leave is other than without salary:*

3. FML: Is appointee eligible for Family and Medical Leave?

Yes No

Appointee has been notified in writing

FML is being tracked

4. Extension of Probationary Period:

Is appointee in a title subject to probationary period? Yes No

Is parental leave equal to or in excess of one quarter? Yes No

If yes to both, probationary period will be automatically extended one year unless appointee opts out

Opt out: *I do not wish to have my probationary period automatically extended*

Appointee's Initials

Internal Use Only

Probation end date: _____

New probation end date: _____

Date of memo to appointee: _____

ACTIVE SERVICE-MODIFIED DUTIES (ASMD)

1. Substantial Responsibility:

Date of Event: _____ A certification of substantial responsibility must be attached
or Concurrent with childbearing leave

2. ASMD Period: From _____ Through _____

3. Compensation: With Salary Please provide explanation if other than full salary:

4. Modification Plan: Please attach a description of the proposed modified duties

Internal Use Only

Certification of substantial responsibility required, received and verified

REQUEST TO EXTEND PROBATIONARY PERIOD

Date of Event: _____ A certification of substantial responsibility must be attached

Internal Use Only

Certification of substantial responsibility received and verified

Probation end date: _____ New probation end date: _____

Date of memo to appointee: _____

Request Cannot Be Completed

Maximum number of extensions After sixth year of appointment Review has resulted in decision not to continue appointee in series

REQUEST TO DEFER ACADEMIC REVIEW AS A FAMILY ACCOMMODATION

Date of Event: _____ A certification of substantial responsibility must be attached

Internal Use Only

Certification of substantial responsibility received and verified

Academic review date: _____ New academic review date: _____

Date of memo to appointee: _____

Request Cannot Be Completed

Maximum number of deferrals Academic review in progress

I certify that the information provided within and attached to this form is accurate and that I have been advised of the impact, if any, of leave and ASMD on salary and benefits including medical and disability

Academic Appointee signature

Date

I am aware of and have discussed the information on and attached to this form with the appointee

Division Chief signature (where applicable)

Date

Department Chair signature

Date

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SCHOOL OF MEDICINE
INSTRUCTIONS

(5/17/04)

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

1. Leave Period: Provide the dates of leave.
2. Compensation: Review the PPM for the policy on pay status for the appointee's series while on childbearing 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.
3. FML: Review the UC Family and Medical Leave Packet (<http://blink.ucsd.edu/Blink/External/Topics/Policy/0,1162,15025,00.html>) for Eligibility Requirements and Family and Medical Leave (FML) Department Checklist. If the appointee is eligible to take a Family and Medical Leave, the department should check "yes" and ensure that the appointee is notified in writing and that FML is being appropriately tracked. The FAR form should be substituted for the Leave of Absence Request Form provided in the UC Family and Medical Leave Packet.
4. Extension of Probationary Period: An appointee who is subject to a probationary period and who reports childbearing leave will automatically receive a one year extension of the probationary period. If the appointee does not wish to have her probationary period extended, she should check the "opt out" box and initial.
5. Deferral of Academic Review: If the appointee wishes to defer her academic review to correspond with the extension of the probationary period, she should check the box and initial.

PARENTAL LEAVE

1. Leave Period: Provide the dates of leave.
2. Compensation: Parental leave is normally without salary. If leave is to be other than without salary, provide an explanation i.e., appointee to use vacation leave accrual.
3. FML: Review the UC Family and Medical Leave Packet (<http://blink.ucsd.edu/Blink/External/Topics/Policy/0,1162,15025,00.html>) for Eligibility Requirements and Family and Medical Leave (FML) Department Checklist. If the appointee is eligible to take a Family and Medical Leave, the department should check "yes" and ensure that the appointee is notified in writing and that FML is being appropriately tracked. The FAR form should be substituted for the Leave of Absence Request Form provided in the UC Family and Medical Leave Packet.
4. Extension of Probationary Period: An appointee who is subject to a probationary period and who reports a parental 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.

ACTIVE SERVICE-MODIFIED DUTIES (ASMD)

1. Substantial Responsibility: Provide the date or anticipated date of the event (birth of child or date of placement for adoption or foster care). Appointee must provide a statement certifying that he or she has substantial responsibility for the care of the appointee's, the appointee's spouse or the appointee's domestic partner's newborn child or child under age five placed for adoption or foster care. A certification of substantial responsibility is not required if ASMD is reported concurrently with a childbearing leave.
2. ASMD Period: Provide both the actual dates of ASMD and the service quarter of ASMD.
3. Compensation: 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.
4. Modification Plan: A description of the proposed modification plan should be attached.

REQUEST TO EXTEND PROBATIONARY PERIOD

Provide the date of the event (birth of child or date of placement for adoption). Appointee must provide a statement certifying that he or she has substantial responsibility for the care of the appointee's, the appointee's spouse or the appointee's domestic partner's newborn child or child under age five placed for adoption.

REQUEST TO DEFER ACADEMIC REVIEW AS A FAMILY ACCOMMODATION

Provide the date of the event (birth of child or date of placement for adoption). Appointee must provide a statement certifying that he or she has substantial responsibility for the care of the appointee's, the appointee's spouse or the appointee's domestic partner's newborn child or child under age five placed for adoption.

SIGNATURES

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