

FAMILY ACCOMMODATIONS REPORTING FORM

To: **Executive Vice Chancellor, Academic Affairs, 0065**  
Via: Dean's Office \_\_\_\_\_

Date: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Extension: \_\_\_\_\_

*Deans Initials*

**Academic Appointee Information:**

Name (Last, First, MI): \_\_\_\_\_  
Title (Rank & Step): \_\_\_\_\_

Department: \_\_\_\_\_  
Appt. End Date (If Any): \_\_\_\_\_

**Leave/Extension Status:**

- Is this an extension of a previous leave request?  Yes  No
- Was appointee previously granted a probationary period extension?  Yes  No
  - If "Yes", was the extension based upon the same family event?  Yes  No
- Was appointee previously granted a deferral of academic review as a family accommodation?  Yes  No
  - If "Yes", was the deferral based upon the same family event?  Yes  No

**FML Status:**

- Is the appointee eligible for Family and Medical Leave?  Yes  No
- Has the appointee been notified of their FML status in writing?  Yes  No
- Is the appointee's FML being tracked?  Yes  No

**Childbearing and Parental Bonding Leave**

- Type of Leave
  - Childbearing Leave
    - Childbearing Leave Dates: From \_\_\_\_\_ To \_\_\_\_\_
    - Pay Period Leave: From \_\_\_\_\_ To \_\_\_\_\_
    - Service Quarter(s) of Leave  Fall \_\_\_  Winter \_\_\_  Spring \_\_\_  Summer \_\_\_
  - Parental Bonding Leave
    - Parental Bonding Leave Dates: From \_\_\_\_\_ To \_\_\_\_\_
    - Pay Period Leave: From \_\_\_\_\_ To \_\_\_\_\_
    - Service Quarter(s) of Leave  Fall \_\_\_  Winter \_\_\_  Spring \_\_\_  Summer \_\_\_
- Date of Event: \_\_\_\_\_
- Compensation:  Full Salary  Other (Provide explanation/justification below)
  - Explanation/Justification (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):
- Extension of Probationary Period: Is the appointee in a title subject to probationary period?  Yes  No
  - IF YES**-Probationary period will be automatically extended one (1) year unless appointee opts out
  - Opt Out**: I DO NOT wish to have my probationary period automatically extended **Appointee Initials** \_\_\_\_\_
- Deferral of Academic Review:
  - I wish to defer my academic review in coordination with the extension of my probationary period. **Appointee Initials** \_\_\_\_\_

**Family Leave**

- Leave Period:
  - Leave Dates: From \_\_\_\_\_ To \_\_\_\_\_
  - Pay Period Leave: From \_\_\_\_\_ To \_\_\_\_\_
  - Service Quarter(s) of Leave  Fall \_\_\_  Winter \_\_\_  Spring \_\_\_  Summer \_\_\_
- Reason for leave (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):
- Compensation:  Without Salary  Other (Provide explanation/justification below)
  - Explanation/Justification (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):
- Extension of Probationary Period:
  - Is the appointee in a title subject to probationary period?  Yes  No
  - Is family leave equal to or in excess of one quarter?  Yes  No
    - IF YES TO BOTH**-Probationary period will be automatically extended one (1) year unless appointee opts out
    - Opt Out**: I DO NOT wish to have my probationary period automatically extended **Appointee Initials** \_\_\_\_\_
- Deferral of Academic Review:
  - I wish to defer my academic review in coordination with the extension of my probationary period. **Appointee Initials** \_\_\_\_\_

FAMILY ACCOMMODATIONS REPORTING FORM

Active Service-Modified Duties (ASMD)

- ASMD Period: From \_\_\_\_\_ To \_\_\_\_\_
  - Service Quarter(s) of ASMD  Fall \_\_\_  Winter \_\_\_  Spring \_\_\_  Summer \_\_\_
- Reason for ASMD:

- Is the period of ASMD concurrent with Childbearing or Parental Bonding Leave?  Yes  No
- IF NO**, please provide the Date of Event \_\_\_\_\_
- Compensation:  Full Salary  Other (Provide explanation/justification below)
  - Explanation/Justification (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):

Modification Plan

- Teaching Relief-List Course(s) to be relieved

Quarter				Course Title
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	

- Other-Provide explanation/justification (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):

- Extension of Probationary Period: Is the appointee in a title subject to probationary period?  Yes  No
  - IF YES**-Probationary period will be automatically extended one (1) year unless appointee opts out
  - Opt Out**: I DO NOT wish to have my probationary period automatically extended **Appointee Initials** \_\_\_\_\_
- Deferral of Academic Review:
  - I wish to defer my academic review in coordination with the extension of my probationary period. **Appointee Initials** \_\_\_\_\_

**REQUESTS FOR PROBATIONARY PERIOD AND/OR ACADEMIC REVIEW DEFERMENT (STAND ALONE)**

(Complete this section ONLY if the appointee is not using another family accommodation for this event that would qualify for a probationary period extension and/or review deferral.)

- Type of Request:  Request to Extend Probationary Period  Request to Defer Academic Review as a Family Accommodation
- Reason for Probation Extension/Review Deferment (ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAGE IF ADDITIONAL SPACED IS REQUIRED):
- Date of Event \_\_\_\_\_

**REQUEST BY DEPARTMENT FOR TEMPORARY FTE REIMBURSEMENT**

- Department Index to which funds should be transferred  
**INDEX:** \_\_\_\_\_ **FUND:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_  
*\*A description of the department teaching plan must be attached.*

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.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Outcome to be Completed by APS:**

- Request Approved?  Yes (Complete Approval Summary Below)  No (Select reason below)
- Reason for non-approval:  Max number of extensions  Occurs after 6<sup>th</sup> year of appointment
- Review has resulted in decision not to continue appointee in series

**Request for Temp FTE Reimbursement Outcome:**  N/A

Departmental teaching plan received Date of Request to RM: \_\_\_\_\_

- Request Approved?  Yes  No (Select reason below)
- Reason for non-approval:  Not engaged in undergraduate teaching  Ineligible academic appointee  Plan does not include teaching relief

Approval Summary Completed by APS:

N/A

Date: \_\_\_\_\_

Academic Appointee: \_\_\_\_\_

Per your request, your probationary period has been  **extended**  **maintained** and promotion to the Associate level must be achieved no later than \_\_\_\_\_. You  **did**  **did not** request a deferral of your academic review, and your next review will be due with an effective date of \_\_\_\_\_.

EVC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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. **Date of Event:** 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. **FML:** Departments where appointees are eligible to take Family and Medical Leaves should ensure FML is being appropriately tracked. Please visit the [UCSD Family and Medical Leave](#) webpage for additional information on UC Family and Medical Leave, and links to information on Leaves of Absence from UCOP.
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. **Deferral of Academic Review:** If the appointee wishes to defer the next academic review to correspond with the extension of the probationary period, s/he should check the box and initial.

### 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 to be other than without salary, provide an explanation i.e., appointee to use vacation leave accrual.
4. **FML:** Departments where appointees are eligible to take Family and Medical Leaves should ensure FML is being appropriately tracked. Please visit the [UCSD Family and Medical Leave](#) webpage for additional information on UC Family and Medical Leave, and links to information on Leaves of Absence from UCOP.
5. **Extension of Probationary Period:** 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.

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

1. **ASMD Period:** Provide both the actual dates of ASMD and the service quarter of ASMD.
2. **Reason for ASMD:** Provide the reason for which the ASMD is being requested.
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:** 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.

### REQUEST TO EXTEND PROBATIONARY PERIOD ([PPM 230-15.II.F](#))

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

### REQUEST TO DEFER ACADEMIC REVIEW AS A FAMILY ACCOMMODATION ([PPM 230-15.II.G](#))

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 placed for adoption.

### 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 or LSOE on a childbearing leave, parental bonding leave or ASMD. Reimbursement is available to departments engaged in undergraduate teaching only.

Departments reporting childbearing leave parental bonding leave and/or ASMD for a ladder-rank faculty and who wish to request funds should check the box and 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.