

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 Dates: From _____ To _____
 - Service Quarter(s) of Leave Fall ___ Winter ___ Spring ___ Summer ___
 - Parental Bonding Leave
 - Parental Bonding Leave Dates: From _____ To _____
 - Pay Period Leave Dates: 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 as a family accomodation. **Appointee Initials** _____

-(If Assistant Rank, deferral must be in coordination with Extension of Probationary Period)

Family Leave

- Leave Period:
 - Leave Dates: From _____ To _____
 - Pay Period Leave Dates: 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 as a family accomodation. **Appointee Initials** _____

-(If Assistant Rank, deferral must be in coordination with Extension of Probationary Period)

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 as a family accomodation. **Appointee Initials** _____
-(If Assistant Rank, deferral must be in coordination with Extension of Probationary Period)

REQUESTS FOR PROBATIONARY PERIOD AND/OR ACADEMIC REVIEW DEFERRMENT (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 Deferrment (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 VC:

- Request Approved? Yes (Complete Approval Summary Below) No (Select reason below)
- Reason for non-approval: Max number of extensions Occurs after 6th 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 VC:

N/A

Date: _____

Academic Appointee: _____

Per your request, the following items have been approved:

Extension of Probationary Period

N/A

-Your Probationary Period has been extended and Promotion to the Associate level must be achieved no later than _____.

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: _____

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 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. **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, 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. **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.
6. **Deferral of Academic Review:** 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. **ASMD Period:** 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. **Date of Event:** In the case of ASMD unrelated to childbearing or parental bonding, provide the date of the qualifying event.
4. **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.
5. **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.
6. **Extension of Probationary Period:** 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. **Deferral of Academic Review:** 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.