

Request for Teaching Release for Ladder Rank Faculty
For Birth or Adoption of a Child(ren)

Office of the Provost, University of California, Davis

TO: Vice Provost – Academic Personnel (c/o Director of Faculty Relations)
FROM: (Dean or Designee)
DATE:
RE: Request for Funding of Teaching Release for Ladder Rank Faculty Member Childbearing/Parenting Needs

1. FACULTY MEMBER INFORMATION

NAME: _____ DEPT/UNIT: _____
 TITLE: _____ COLLEGE: _____

2. LEAVE OF ABSENCE APPROVAL

A leave of absence form that has already been approved at the Dean's level must be attached to this form in order for this funding request to be reviewed for the first affected quarter and full teaching release. Yes, a form is attached.

3. WHAT COURSES HAS THIS FACULTY MEMBER BEEN ASSIGNED TO TEACH FOR THE ACADEMIC YEAR FOR WHICH THE TEACHING RELEASE IS REQUESTED?

ACADEMIC YEAR	QUARTER	COURSE(S) TAUGHT OR SCHEDULED TO BE TAUGHT	UNITS

4. QUARTER REQUESTING TEACHING RELEASE FOR BIRTH/ADOPTION (section a, b below)
QUARTER REQUESTING ACTIVE SERVICE MODIFIED DUTY FOR BIRTH/ADOPTION/PARENTING (section c. below)

a. Expected birth date/adoption date:	
b. Quarter requested for full teaching release and leave due to birth/adoption:	<input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S, YR _____ <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S, YR _____
c. Quarter requested to be on Active Service-Modified Duties:	<input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S, YR _____ <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S, YR _____
d. The quarter for return to full duty is:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year: _____

5. COURSE(S) ASSIGNED TO THIS FACULTY MEMBER FOR WHICH TEACHING RELEASE IS REQUESTED:

COURSE #	COURSE TITLE	QUARTER/YEAR	FACULTY REPLACEMENT:	ESTIMATED COST:
			TOTAL ESTIMATED COST:	

6. DEPARTMENT CONTACT AND ACCOUNT INFORMATION

Please note the name of the Department MSO, the Dean's office contact information, and the account to which funds should be transferred:

MSO NAME: _____ PHONE NUMBER: _____ EMAIL: _____
 DEAN'S OFFICE CONTACT _____ PHONE NUMBER: _____ EMAIL: _____
 DEAN NAME: _____ PHONE NUMBER: _____ EMAIL: _____
 DEAN SIGNATURE OF APPROVAL: _____
 DEPT ACCOUNT TO WHICH THE TEACHING RELEASE FUNDS SHOULD BE TRANSFERRED: _____

(This section to be completed by Vice Provost—Academic Personnel Office staff only.)

DATE REQUEST RECEIVED: _____ DATE SUBMITTED TO OCP FINANCE: _____
 NAME OF STAFF PROCESSING: _____ DATES REC'D FINAL CONFIRMATION _____
 APPROVED BY VPAP: _____ EMAIL THAT OCP FNCE TRANSFERRED _____
 DATE EMAIL OF APPROVAL SENT: _____ FUNDS, EACH QUARTER: _____