

Academic Forms On-line Request for Teaching Release for Ladder Rank Faculty/Extension on the Clock

The Teaching Release/Extension of the Clock request form can be submitted by faculty and by staff on behalf of faculty.

Faculty Name:	TEST, ONE
Acad Series:	Professor
Acad Unit:	Testing College
Department:	Dept of Testing

I would like to request an extension on the clock

I would like to request teaching release for the birth/adoption of this child

[Course and accounting information is provided by Department Staff](#)

Please use the comments section below to provide justification for exceptional requests or provide any additional information

Comments (500 characters remaining)

Academics can choose the form from the drop-down menu in the upper right hand corner. Past requests and/or drafted requests can be found using the 'View Past Requests' drop-down.

Home > Forms On-line Portal > Forms

Select Forms

View Past Requests

**SIDE PROFESSIONAL
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VITIES**

Staff can start a new draft by selecting an academic from the 'Forms' page and clicking on the 'Teaching Release/Extension of the Clock' link.

Create an Academic Member Specific Form

Select Academic *

[Click Link to Create a New Form](#)
[Sabbatic Leave/Leave of Absence](#)
[Teaching Release/Extension of the Clock](#)

Emeriti faculty can be selected by either using the drop-down menu

All requests must certification that they have 50% or more care of the child.

I certify that I have 50% or more care of my child.

[Submit](#) [Save Draft](#) [Undo Changes](#)

For staff the option to submit the request will not appear until after certification is attached to the request.

The faculty member must certify that he/she is responsible for 50% or more care of the child. Either: save a draft of the request and ask the faculty person to certify and submit the request, or attach certification from the faculty person that they have 50% or more care of their child.

Upload certification or save as draft No file selected. *pdf only - size limited to 2 MB*

[Save Draft](#) [Undo Changes](#)

If the request is an Extension of the Clock and not a request for Teaching Release then one additional field, date of birth or adoption, is required.

Faculty Name: TEST, ONE
Acad Series: Professor
Acad Unit: Testing College
Department: Dept of Testing

I would like to request an extension on the clock
 I would like to request teaching release for the birth/adoption of this child

Birth or Adoption Date: *mm/dd/yyyy - estimated date of delivery or adoption*

[Course and accounting information is provided by Department Staff](#)

Please use the comments section below to provide justification for exceptional requests or provide any additional information

Comments (500 characters remaining)

I certify that I have 50% or more care of my child.

For a teaching release request additional information is required from both the academic member and also from the department staff. Note at the initial academic stage that either an approved leave of absence in Forms Online, or documentation of an approved leave of absence, is required.

I would like to request an extension on the clock
 I would like to request teaching release for the birth/adoption of this child

Birth or Adoption Date: mm/dd/yyyy - estimated date of delivery or adoption

Quarter requesting Teaching Release and Leave Due to Birth/Adoption: academic year

Quarter requesting to be on Active Service Modified Duties (ASMD): academic year
Note: ASMD quarter must be within a year of date of birth

Quarter requesting to be on leave for birth or adoption: academic year

The Quarter Expected to Return to Full Duty: academic year

Course and accounting information is provided by Department Staff

Approved Leave of Absence

An approved leave of absence form is required in order for funding request to be reviewed for the first affected quarter and full teaching release. Either:
 Check the relevant leave(s) below, and/or
 upload the approved leave(s)

[Personal](#) 10/01/15-11/05/15 *clicking on link opens the leave in a new tab*

None - use to clear radio buttons

Optionally, upload approved leave No file selected. *pdf only - size limited to 2 MB*

The department staff review stage requires:

- information about the academic's predetermined complete course load,
- information about the course(s) the request is asking funding for, and
- the account funds should be transferred to.

Please list the **predetermined complete course load** for the Academic Year the leave and/or ASMD is expected to take place. [\[Add Row \]](#)

Acad Year	Quarter	Course title(s)	Units
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Faculty Replacements and Course Information: Please list the course(s) for which replacement funds are being requested. Also list replacement instructor and costs. Adjustments to the figures may be made once replacement is finalized. [\[Add Row \]](#)

Course #	Course Title	Academic Quarter/Year	Name of Faculty Replacement	Estimated Salary	GAEL	Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>	<input type="text"/>	<input type="text"/>

Department account to route teaching reimbursement funds to:

Approved Leave of Absence

Note if this information is added by staff prior to the academic submitting the request that the two tables are not editable by the academic.

Quarter requesting to be on Active Service Modified Duties (ASMD): Winter 2016 academic year
Note: ASMD quarter must be within a year of date of birth

Quarter requesting to be on leave for birth or adoption: Fall 2016 academic year

The Quarter Expected to Return to Full Duty: Spring 2016 academic year

Course and accounting information is provided by Department Staff
 Please list the predetermined complete course load for the Academic Year the leave and/or ASMD is expected to take place.

Acad Year	Quarter	Course title(s)	Units
2015-16	Fall	sdfsdf sdfsdfsd-2	4

Faculty Replacements and Course Information: Please list the course(s) for which replacement funds are being requested. Also list replacement instructor and costs. Adjustments to the figures may be made once replacement is finalized.

Course #	Course Title	Quarter/Year	Name of Faculty Replacement	Estimated Salary	GAEL	Benefits
TST001A	snjsd;fjo-1	Fall '16	sdfsdf;jbsajkfsd	10,000	1,000	1,000
Total Estimated				10,000	1,000	1,000

Department account to route teaching reimbursement funds to: [Te st 123.pdf](#)

Approved Leave of Absence
 An approved leave of absence form is required in order for funding request to be reviewed for the first affected quarter and full teaching release. Either:
 Check the relevant leave(s) below, and/or
 upload the approved leave(s)

Required fields for initial submission

Check Extension and/or Release boxes

Date of Birth required

If Teaching release

Quarter requesting teaching release and leave

Quarter expected to return

Either ASMD or Leave quarter

If Teaching release and being reviewed by Department staff

Both tables must have data

Reimbursement account must be provided

Document routing in Academic Affairs

Extension of the Clock only

Consultants

Vice Provost

Teaching Release only

Faculty Relations Director

Assistant Vice Provost

Extension and Release

Consultants

Faculty Relations Director

Vice Provost