

SUPPLEMENTAL FORM

To be used for interim exceptions for the APM-710 leave policy to provide additional relief to academic appointees during Fall Quarter 2020. These exceptions allow for faculty and other academics covered by APM-710 to use their sick/paid medical leave benefits if they are unable to work or telework because their children are not able to physically attend their school or place of care due to COVID-19 precautions.

NAME:	TITLE/STEP:	LEAVE START DATE/END DATE:
DEPARTMENT(s)/UNIT(s):	COLLEGE(s)/SCHOOL(s):	DATE OF REQUEST:

List your dependents below. Specify their age and your relationship to them.

Age	Relationship

What percentage of their care are you responsible for? Explain your answer.

Additional Information

Describe how your working life has been affected by your status as a caregiver in the pandemic. Chairs and Deans will be prioritizing the accommodation of junior faculty; if you are an Assistant or Associate Professor, include a discussion of how being a dependent caregiver in the pandemic has affected your career trajectory in particular.

Applicant Signature

Date

Approvals

DEPARTMENT CHAIR (or equivalent)

Signature

Date

DEAN (or equivalent)

Signature

Date

VICE PROVOST FOR ACADEMIC PERSONNEL (VPAP)

Signature

Date