Faculty Work Plan for Arrival of a Child

Employee: _____________________________________________________________

Rank and base (A or B): ________________________________________________

Department: __________________________________________________________

Date of appointment: ________________ Expected date of arrival of child: ______

Work Plan

Estimated dates of paid leave:

Planned use of unpaid leave:

Modified Duties:

   Teaching:

   Research:

   Professional Practice/Extension:

   Institutional Service:

Computer, Labs, other accommodations:

Estimated Costs to department:

Other:

Signed: ___________________________ Date ____________

Faculty Member

________________________________________ Date: ____________

Department Chair

Signed copy should be kept in department. Copies should be forwarded to dean and provost.