

College _____

Date _____

- Distribution:
- Original to Personnel Off.
- One Copy to President
- One Copy to Dean
- One copy to Chairperson
- One Copy to Staff Member

INSTRUCTIONAL STAFF
APPLICATION FOR CHILD CARE LEAVE OF ABSENCE

INSTRUCTIONS: Applicant completes form, obtains medical or legal certification, and forwards to Department Chairperson or unit head for signature. Chairperson forwards to (depends upon college) for signature and completed form is forwarded to College Personnel Office with Personnel Action Form. (The condition of pregnancy and childhood birth is to be applied for as a Temporary Disability Leave.)

Name _____ Soc. Sec. No. _____/_____/_____

Department _____ Title _____ Retirement System _____
ERS TRS TIAA

I hereby apply for child care leave of absence from _____ to _____.
I understand that this leave is without pay in accordance with the pertinent provisions set forth in the Bylaws of the Board of Higher Education.

If leave is for one year or less and College wishes retirement credit to be given, it must make a recommendation to that effect. The recommendation is only advisory to Teachers' Retirement System and must be approved by the System for retirement credit to be granted. TIAA and ERS members on leave without pay are not eligible for retirement credit while on leave.

Signature _____ Date _____

Address during leave _____

CERTIFICATION OF APPLICANT'S PHYSICIAN: (Similar certification on doctor's letterhead, a birth certificate, or supporting affidavit of legal responsibility may be attached)

_____, the newborn child of the applicant who seeks special

Name of Child

leave, or the newborn child for whom the applicant has legal responsibility for care and support, was born on _____.

Date

Signature _____ Date _____

Print Name _____

Address _____

NOTED:

Signature _____ Date _____

Department Chairperson

Signature _____ Date _____

Dean

Signature _____ Date _____

President or Designee

<p><u>For College Personnel Office Use</u> Date _____</p> <p>Date PAF Submitted: _____</p> <p>Date Placed on Breakage Fund: _____</p> <p>Recommend retirement credit (if 1 yr. or less) Yes ___ No ___</p> <p>Date of Chancellor's Report _____</p>
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