

To:

From: Muriel Poston, Vice President for Academic Affairs/Dean of Faculty

Date:

Faculty Primary Caretaker Leave Request

Please select one of the primary caretaker leave options below, and indicate which semester you will be gone. Sign and date the original, keeping a copy for your records.

Option 1: _____ A full, 2-course semester's leave compensated at three-fourths (75%) of the faculty member's semester salary with full benefits. The Academic Retirement Plan benefit would be based on actual salary paid during that semester.

Option 2: _____ A six-week leave would be compensated at a faculty member's full salary with full benefits. The six-week leave would be coordinated with the short-term disability program (VDI) when appropriate. (Neither adoptive parents nor males are covered by the short-term disability program.)

The College will consider written requests for an unpaid leave that would extend beyond the semester of the compensated leave.

Contract Renewal, Promotion and Tenure: Faculty members may request that the leave semester not be counted in the number of semesters of College employment prior to a contract renewal, tenure or promotion review. **Initial if you request this option** _____

The faculty member will not receive credit toward a sabbatical leave during a primary caretaker leave.

I have indicated the Primary Caretaker leave option that I prefer above. I understand my pay will be reduced to 75% in Option 1.

Semester of Leave: _____

Signed: _____

Date: _____