



WORKLOAD RELIEF REQUEST FORM FOR ELIGIBLE CHILD CAREGIVERS

DATE: _____

APPROVALS

Department Chairperson: _____

Dean: _____

Provost's Office: _____

APPLICANT INFORMATION

Name:

First _____ Middle _____ Last _____

Title: _____ Department: _____

School: _____

Date of birth (expected) of child for whom you will be caring: _____

Date of qualifying event (if other than birth): _____

PERIOD OF REQUESTED WORKLOAD RELIEF FROM CLASSROOM TEACHING AND ADMINISTRATIVE COMMITTEE WORK (choose one)

One semester of full relief From _____ (start date) To _____ (end date)

Two semesters of half relief From _____ (start date) To _____ (end date)

PLEASE PROVIDE YOUR PROPOSED PLAN for research and student advising for the requested period of workload relief. You may provide an attachment if necessary. Any changes to this plan must be approved by the Department Chairperson.

NYU POLICY AND DEFINITIONS:

- Policy: In order to provide relief to eligible Tenured/Tenure-Track and Full-Time Continuing Contract Faculty members caring for a newborn child, newly adopted child, new foster care or guardianship placement, or newly-established legal custodial care, NYU's Workload Relief Policy grants one (1) semester of workload relief from classroom teaching and administrative committee work or two (2) semesters of half relief from such duties based on the individual's normal yearly workload at full salary. Workload relief is not considered a leave as faculty members are expected to make themselves available to the extent reasonable and practicable for their customary responsibilities of research, student consultation, and advising.

- **Eligibility:** Must be a Tenured/Tenure-Track Faculty Member or a Full-Time Continuing Contract Faculty member who as a parent is the exclusive caregiver for at least 20 hours during the workweek, during the hours of 8 a.m. to 6 p.m., Monday through Friday. Workload relief is not available for parents whose child is cared for more than half time by a spouse/partner and/or childcare provider(s).
- **Parent:** Includes: (1) biological parent; (2) adoptive parent; (3) foster care parent; and (4) legal guardian. Please attach proof of parenthood and of the qualifying event for eligibility, unless previously provided to the NYU Benefits Office.
- **Family and Medical Leave Act of 1993:** In addition to completing this application, you must complete forms for leave under the Family and Medical Leave Act of 1993 (“FMLA”) for intermittent or reduced workload relief. FMLA will run concurrently with workload relief for eligible employees.
- **Deadlines:** The Workload Relief application (with Department Chair’s approval, if applicable) must be returned to the dean’s office at least five (5) months before the expected qualifying event. FMLA paperwork must be returned at least thirty (30) days prior to the date of the expected qualifying event, or as soon as practicable under a change in circumstances. Failure to submit materials within the specified time limits may result in the denial of workload relief. You will be notified in writing of the outcome of your request by the dean or department chair, as appropriate.

I certify that the information I have provided above is true and correct and that any false or misleading information will result in the denial of leave and any further action deemed necessary.

ELIGIBLE CAREGIVER’S SIGNATURE: _____ **DATE:** _____

Completed applications showing the approval of the department chair (if applicable) and the dean should be transmitted to the University [Office of Academic Appointments](#). The FMLA application forms should be submitted along with the Workload Relief Application to permit confirmation of FMLA eligibility as soon as possible. Questions about the policy or the application process can be addressed to [Peter Gonzalez](#), Associate Provost for Academic Appointments.