

	<u>APPROV</u>	AL SIGNATURES	DATE
	DEPT. CH	HAIRPERSON:	
	DEAN:		
	PROVOS'	Γ'S OFFICE:	
	APPLICATION	FOR WORKLOAD R	ELIEF
responsibility for placement, or new		ld, newly adopted child, odial care during the period	new foster care or guardianship od of workload reduction.
guardian. You m	· · · · · · · · · · · · · · · · · · ·	thood and of the qualify	er care parent; and (4) legal ing event for eligibility, unless
NAME:			
	Last	First	Middle
SCHOOL:		DEPARTMENT:	
DATE OF QUAI	LIFYING EVENT:		
	QUESTED RELIEF FROM IVE COMMITTEE WOR		HING AND
☐ One	e-semester of full relief	☐ Two-semesters of	f half relief
PERIOD OF RE	QUESTED RELIEF:	From: (begin date)	Γο: (end date)
	ame, relationship, and age you will provide:	of the child you are cari	ng for and a brief description of
Dlagga provide	our proposed schedule for	research and student adv	ioing for the requested maried of
	You may provide an attact		ising for the requested period of

<u>FAMILY AND MEDICAL LEAVE ACT OF 1993</u>: 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.

<u>Deadlines</u>: The Workload Relief application must be returned to the appropriate person listed on the Workload Relief contact sheet at least five (5) months before the qualifying event. Fully completed FMLA paperwork must be returned at least thirty (30) days prior to the date of the expected qualifying event. Failure to submit all completed paperwork 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.

The granting of Workload Relief may interrupt the tenure clock. Please refer to the Workload Relief Policy and Page 60 of the Faculty Handbook.

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.

APPLICANT'S SIGNATURE:			
DATE:	 _		

Once signed by the school dean, the completed application must be sent to the Office of Academic Appointments for review. To avoid any complications, the appropriate FMLA paperwork should be submitted along with the Workload Relief Application in order to determine FMLA eligibility as soon as possible. Any questions regarding the policy or the application process should be addressed to Peter Gonzalez, Assistant Provost for Academic Appointments. See also: <a href="http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/workload-relief-policy.html">http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/workload-relief-policy.html</a>

## To be completed by school's HR office only:

If there is a need to	o hire a faculty	replacement.	please identify	the person h	ere. if known:
If there is a neca to	o mire a jaciniy	replacement,	picase identify	ine person in	cre, y known.

An xPASS transaction must be completed for replacement faculty and then submitted to the Office of Academic Appointments (attn: Peter Gonzalez). An appropriate budget chartfield will be assigned to the xPASS at that time. The authorization of financial support is contingent upon approval of the Workload Relief application.

<sup>&</sup>lt;sup>1</sup> or as soon as practicable under a change in circumstances.