

UNIVERSITY OF NORTH TEXAS
REQUEST FOR FACULTY WORKLOAD MODIFICATION FOR BIRTH,
ADOPTION or FOSTER CARE PLACEMENT OF A CHILD

Name _____ Employee ID _____

Department/Division _____

College: _____

Anticipated date of birth/adoption/foster placement _____ Date of Request _____

Are you requesting moving your third year review*? _____ Tenure review*? _____

***Both of these require that you complete the *Stop the Clock* Form**

To be completed by Human Resources:

We have received necessary paperwork and confirm the following:

Eligible for paternal leave: ___ yes ___ no

Eligible for FMLA: ___ yes ___ no

Signature of HR representative

Date

To be completed by Department/Division:

Semester(s) requesting modified workload: _____

Proposed workload (attach additional sheet if need): _____

Chair/Dean signature

Date

Dean/Executive Dean Signature

Date

To be completed by Provost's Office:

PRESENTLY SCHEDULED PROPOSED

Fourth Year Review, if not completed

Mandatory Promotion & Tenure Review, if not completed
