

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 \_\_\_\_\_

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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 \_\_\_\_\_

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NOTED:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean

Signature \_\_\_\_\_ Date \_\_\_\_\_

President or Designee

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