

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

To be completed by the eligible faculty member:

Name:

Employee ID:

Department/Division:

College:

Anticipated date of birth/adoption/foster placement

Date of Request

Are you requesting to move your mid-year review*?

Tenure review*?

***Requires that the eligible faculty member complete the *Stop the Clock* Form**

Anticipated Dates of Leave:

Have you reached out to HR Benefits to discuss your applicable leave balances? Yes No

Semester(s) requesting modified workload:

Proposed workload (attach additional sheet if needed):

To be completed by Department/Division:

Request approved as proposed: Yes No

Proposed changes to requested workload adjustments (attach additional sheet if needed):

If request for modified workload is denied, reason for denial:

Chair/Supervisor signature:

Date:

Dean/Executive Dean Signature:

Date:

To be completed by Provost's Office:

Fourth Year Review, if not completed: Presently Scheduled: Proposed:

Mandatory Promotion & Tenure Review, if not completed:

Presently Scheduled:

Proposed: