

Faculty Course Load Relief Application Office of the Provost, Fordham University

Name: _____ FIDN: _____

Department: _____

Estimated date of birth or arrival of child: _____

Is this an adoption, foster care, guardianship, or custodial placement? _____

If yes, please include documentation with this form.

Requested relief:

____ Full relief. Requested semester and year: _____

____ Half relief. Requested semesters and year(s): _____

Are you requesting tenure clock stoppage/contract extension? _____

Spouse/partner's name/title: _____

Spouse/partner's employer: _____

Does s/he work: full-time: _____ part-time: _____

Is s/he eligible for child-related relief or leave? yes _____ no _____

If yes, please attach policy documentation from company employee handbook, HR website, etc.

Estimated number of hours per week (M-F, 8 am – 8 pm) during which child will be in your sole care:

Other planned childcare arrangements, if any:

Please attach an explanation of any special circumstances to this form.

Signature: _____ Date: _____

This form should be submitted to your Department Chair / Dean as soon as possible to allow for academic planning. Your Department Chair and Dean will include their recommendations and submit all documents to the Office of Faculty Personnel in the Office of the Provost for a final decision.