

APM 710 Temporary Exception Request Form

To use sick leave/paid medical leave pursuant to
UC Provost Michael Brown's temporary exception to use
APM 710 for childcare reasons
Fall quarter 2020

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
SCHOOL/COLLEGE	DEPARTMENT	SUPERVISOR/DEPARTMENT CHAIR NAME
<p>1. I am unable to work or <i>telework</i> because my child/children are not able to physically attend their school or place of care due to COVID-19 precautions during the Fall 2020 semester/quarter. _____ (<i>INITIAL</i>)</p> <p>2. Name of each <i>child</i> who is not able to physically attend their school or place of care due to COVID-19 precautions during the Fall 2020 semester/quarter:</p> <p>_____</p> <p>_____</p> <p>3. The name of each <i>school</i> or <i>place of care</i> that my <i>child/children</i> are unable to physically attend due to COVID-19 precautions:</p> <p>_____</p> <p>_____</p>		
CERTIFICATION		
I certify that the foregoing is true.		
EMPLOYEE SIGNATURE	DATE	

Section to be Completed for Faculty Who Do Not Accrue Sick Leave Pursuant to APM 710 – 11 and are Requesting a Course Release

<u>TO BE COMPLETED BY THE DEPARTMENT CHAIR & DEAN</u>		
Course being released: (COURSE NAME AND CRN)	Assessment of faculty member's percent of effort for this course for this quarter:	
Current balance of APM 710 leave at time of request:	New balance of APM 710 leave, effective January 1, 2021:	
APPROVALS		
DEPARTMENT CHAIR NAME	DEPARTMENT CHAIR SIGNATURE	DATE
DEAN/ASSOCIATE DEAN NAME	DEAN/ASSOCIATE DEAN SIGNATURE	DATE

Section to be Completed for Academic Appointees Who Accrue Sick Leave Pursuant to APM 710-20

<u>TO BE COMPLETED BY THE DEPARTMENT CHAIR & DEAN</u>		
Number of days of sick leave being requested:	Current balance of sick leave:	
Start date:	End date:	
APPROVALS		
DEPARTMENT CHAIR NAME	DEPARTMENT CHAIR SIGNATURE	DATE
DEAN/ASSOCIATE DEAN NAME	DEAN/ASSOCIATE DEAN SIGNATURE	DATE