

**OFFICE OF THE PROVOST**  
**Family and Medical Leave Accommodation Form for Faculty**

*The purpose of this form is to ensure that faculty members taking FML leave have completed Academic Planning arrangements with their department chairs in a way that ensures minimum disruption to the instructional mission of the university during their absence.*

See page Human Resources Policy #129,  
<http://cf2.cc.lehigh.edu/FAPolicies/index.cfm?event=printPolicy&pollID=202>

**GUIDELINES FOR ACCOMMODATION FORM**

1. Please see the Family and Medical Leave Policy for Faculty, Policy Number 129—Faculty, on the Provost's Office and Human Resources (HR) websites, for types of leaves covered, duration, certification requirements, and other requirements for the FML faculty leave.
2. Human Resources must approve the leave based on medical certification or other documentation. The faculty member or designated representative must contact Human Resources regarding their leave request and submit the confidential Human Resources Family and Medical Leave Request Form and any required certification directly to HR.
3. The faculty member should provide as much advance notice as possible of plans to request a leave. In emergency situations or when the need for the leave is unforeseeable, the faculty member or designated representative should notify the Department Chair as soon as possible.
4. In addition to the required confidential HR FML Request Form, the faculty member is required to submit the Provost Office's FML Accommodation form to their Department Chair, who will route the form to the Dean and Provost. Please note this form does not require any confidential medical information. Its purpose is for academic planning.
5. Accommodation Request: FML leaves that fall within the semester will be handled in such a way that ensures minimum disruption to the instructional mission of the university. To ensure continuity in instruction in such cases, the faculty member may be assigned to work in a capacity other than teaching for the remainder of the semester. Such assignments will be made by the Department Chair, pending the approval of the Dean. These assignments may include such activities as committee work, research and scholarship, and supervision of graduate and undergraduate independent study and research. The faculty member will report to the Department Chair and Dean on his or her activities during this time.

For academic planning purposes, remember that an FML is a maximum 12 weeks in a calendar year, while an academic semester (including the final exam period) is defined as 15 weeks. In the accommodation form for faculty that which follows, please describe in each of the following areas any contribution that you will continue to make during the period of your leave and also describe how your department will cover the duties that you would have otherwise performed. (See #5 of Guidelines listed above; please attach additional sheets if needed).

## Family and Medical Leave Accommodation Form for Faculty

1. Faculty member name \_\_\_\_\_  
(please print)
2. Rank \_\_\_\_\_
3. Department(s) affected \_\_\_\_\_

	YOUR CONTRIBUTION	DEPARTMENT ACCOMMODATION
<b>Teaching</b> -list individual courses, labs, studios, etc.		
<b>Supervision</b> -of graduate and/or undergraduate students		
<b>Advising</b> -Major(s) and non-major(s)		
<b>Service</b> -list individual committee membership(s)		
<b>Participation in Personnel Reviews</b>		
<b>Other</b>		

4. Type of leave full-time \_\_\_\_\_ or intermittent \_\_\_\_\_  
 (If intermittent, please describe its proposed structure) \_\_\_\_\_  
 \_\_\_\_\_

5. Anticipated first day of absence (month/day/year) \_\_\_\_\_ Anticipated return \_\_\_\_\_

**ROUTING:**

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Department chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Provost \_\_\_\_\_ Date \_\_\_\_\_

Cc: Human Resources