

Parental Care-giving with Modified Duties (PCMD)

Name of Faculty Member Requesting PCMD A#

Department

Dates Requested must be either:

- Spring, Jan 1 - June 30, or

- Fall, July 1 - Dec 31

Beginning

Ending

I affirm that I will be the primary caregiver. I understand that if I am eligible for Family and Medical Leave (FMLA), it will run concurrently with PCMD.

Signature of Faculty Member

Date

This form and epaf to initiate payments is to be completed by the department's business officer/ manager:

Academic Year Base Salary Total Salary for the period of Absence(90%) 10%

OR

Monthly Salary for the period of Absence

Fiscal Year Base Salary Total Salary for the period of Absence(90%) 10%

Monthly Salary for the period of Absence

Cost to Cover Classes(**Filled in by Department Head**) Cost over 10% (Fill in this field **only** if the cost to cover classes is over the 10% figured above)

If the cost to cover classes is **over** the 10% of the base salary, 34% of the **difference** will be covered by Provost, 33% of the **difference** will be covered by the College, and 33% will be covered by the Department.

34% Provost Amount

33% College Amount

33% Department Amount

By signing below, each individual agrees to allowing this leave and providing any required funds.

Signature of Department Head

Date

Signature of Dean

Date

Signature of Provost

Date

Return form to the Office of Human Resources

For HR Use Only: Coordinate with FMLA

Give a copy to Banner Helpdesk

Revised: 11/11/2013