



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

The purpose of this form is to document that faculty members taking an approved FMLA leave have made academic planning arrangements with their department chair that ensure minimum disruption to the instructional mission of the University during their absence.

See Human Resources Policy #129,
https://cf.lehigh.edu/fapolicies/auth/pdf/129_FMLAFaculty_2009.pdf.

GUIDELINES FOR ACCOMMODATION FORM

1. Please see the Family and Medical Leave Policy for Faculty, Policy #129 - Faculty, on the Provost's Office and Human Resources (HR) websites, for a description of the types of leaves covered, duration, certification requirements, and other requirements for an FMLA faculty leave.
2. HR must approve the leave based upon a medical certification or other required documentation. The faculty member or his/her designated representative must contact HR regarding his/her leave request and submit directly to HR the confidential *Family and Medical Leave Request Form* and a *Certification of Health Care Provider* form.
3. The faculty member should provide as much advance notice as possible of his/her 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 HR forms, the faculty member is required to submit the Provost Office's *Family and Medical Leave Accommodation Form* to his/her Department Chair, who will then route the form to the Dean and Provost. Please note this form does not require any confidential medical information. It is for academic planning purposes only.
5. Accommodation Request: The Department Chair will work with the faculty member to ensure that FMLA leaves that occur during 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 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 about his or her activities during this time.

For academic planning purposes, please remember that an FMLA leave can be taken for up to a maximum of 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 follows, please describe in each of the designated 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 Academic Planning Form for Faculty
{To Be Completed by Faculty Member TOGETHER WITH Department Chair}

1. Faculty member name _____
 (Please print)
2. Rank _____
3. Department(s) affected _____

	PROJECTED RESPONSIBILITIES DURING LEAVE PERIOD (including typical responsibilities as if you had not requested the leave)	ACCOMMODATIONS TO COVER THESE RESPONSIBILITIES (Department & Faculty member)
Teaching -list individual courses, labs, studios, directing musical or theatrical productions, etc.		
Supervision -of graduate and/or undergraduate students		
Research Activities		
Advising -Major(s) and non-major(s)		
Service -list individual committee membership(s)		
Other		

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 _____

Faculty signature _____ Date _____

Department chair _____ Date _____

Dean _____ Date _____

Provost _____ Date _____