



WRIGHT STATE UNIVERSITY

PARENTAL TEACHING RELIEF REQUEST

Name _____

Rank _____

Department _____

College _____

1. I request relief from teaching as follows (choose one):

No teaching during the _____ Semester
(semester, year)

Half my usual teaching during _____ and _____
(semester, year) (semester, year)

2. I will be caring for my newborn or adopted child as noted below (choose one):

Newborn child Date of birth (actual or anticipated) _____

Adopted child Date of adoption _____ Date of birth _____

3. I will be the primary caretaker of this child for at least 25 hours per week, Monday through Friday, between the hours of 8 a.m. and 10 p.m. according to the following anticipated schedule (eg. M-F from 8 am to 2:00 pm or T,W,Th from noon to 10 pm):

Signature, Date

Send the completed form to the Vice Provost for Faculty Affairs Office with a copy to the AAUP-WSU.

do not write below this line

__HR confirmation __Chair informed __Dean informed

Approved. _____
(signature, date)

This form is based upon requirements in the 2019-2023CBA.