

PERSONNEL ACTION -- ACADEMIC EMPLOYEE

Alternate Assignment Request - Parental Leave Program

Part A: To be completed by the *Academic Employee*

Name: _____

Title: _____

Department: _____

ACTION REQUESTED:

Alternate Assignment Requested (if known)

Dates of Requested Assignment: From: _____ To: _____

Signature of Academic Employee _____ Date _____

Part B:

Recommendation of Department Chair . Indicate your recommendation for an alternate assignment.

Signature of Department Chair Date

Recommendation of Dean . Indicate your recommendation for an alternate assignment.

Signature of Dean Date

Recommendation of Provost . Indicate your approval of the suggested alternate assignment.

Signature of Provost Date