



**NON-INSTRUCTIONAL STAFF APPLICATION FOR CHILD CARE LEAVE  
WHITE COLLAR BARGAINING UNIT; BLUE COLLAR BARGAINING UNIT**

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**PART A:** To be completed by applicant.

**Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_

I hereby apply for child care leave **from** \_\_\_\_\_ **to** \_\_\_\_\_ in accordance with pertinent contractual provision University and Civil Service Regulations.

I became a parent on \_\_\_\_\_ by  **birth**  **adoption**. If by adoption state birth date of child: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicant

**PART B:** To be completed by Department Chairperson and the Personnel Officer.

**Extensions Requested:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous use of Child Care Leave:** \_\_\_\_\_ **to** \_\_\_\_\_ (**\_\_\_\_\_ years**)  
\_\_\_\_\_ **to** \_\_\_\_\_ (**\_\_\_\_\_ years**)  
\_\_\_\_\_ **to** \_\_\_\_\_ (**\_\_\_\_\_ years**)

I have noted this request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Chairperson/Supervisor

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Additional Approval\*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Personnel Officer

**For College Personnel Office:**

Date employee place on breakage fun to receive health coverage: \_\_\_\_\_

PAF Completed:  Yes  No

Date Submitted: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Personnel Officer