

Petition for Childbirth Accommodation Funding

Women graduate students in good academic standing who are current fellowship recipients or hold a GSR appointment, and who expect to give birth during the academic quarter for which continued funding is sought, will be excused from regular duties for a period of up to six weeks immediately surrounding childbirth, without loss of financial support. The period of paid leave will not extend beyond the end date of the student's funding or appointment. All recipients must maintain full-time student status. Please submit this form at least 30 days before the expected leave.

Student *please complete this section*

Last Name	First Name	UID
Academic Dept	E-mail	
I expect to give birth on or around the date of		
From the date of	to	(not to exceed six weeks) in the amount of
I have funding during this time period as a: (check as many as applicable)		
<input type="checkbox"/> Graduate Student Researcher	<input type="checkbox"/> Extramural Fellowship	
Signature	Date	

Please print and sign this form, and ask your department to fill in the rest.

Department *please complete this section*

Administrative Contact		
Name	Email	
Working Title	Phone	
University Fellowships: These will experience no change in their financial support.		
External Fellowships: UC must adhere to the rules of the granting agency in regard to leaves from work. If the granting agency defers to university policy regarding paid childbirth accommodation, support will be paid by the fellowship and the mother will experience no change in her financial support during the six-week period. Complete this section only if the student has a fellowship that requires suspension of payment during maternity leave. Attach justification that the granting agency requires payment suspension and/or replacement is needed temporarily to complete research.		
Funding Agency	FAU	
PI / Mentor		
Funding Agency	FAU	
PI / Mentor		
Replacement Name	UID	
Signature		
I attest that this student is making satisfactory progress toward the degree, and approve this request.		
Graduate Advisor's Name	Signature	Date

Graduate Division Review		
Date Received	Date Review Completed	by (staff name)
Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Reason for Denial	
Date Student and Department Notified		

Return completed form to Graduate Division Fellowships and Financial Services, 1228 Murphy Hall, MC 144401

Questions? Contact Jenny Tang at jtang@grad.ucla.edu or (310) 206-9791