

**THE UNIVERSITY OF CHICAGO  
DIVISION OF THE BIOLOGICAL SCIENCES  
PRITZKER SCHOOL OF MEDICINE**

**REQUEST FOR A REDUCED EFFORT APPOINTMENT  
FOR PRIMARY PARENTAL CARE  
[SCHOOL OF MEDICINE (SOM) TRACK ONLY]**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	<b>Received in BSD OAA:</b>   <small>BSD OAA USE ONLY</small>
Title:	<input type="text"/>	Birth/Adoption date	<input type="text"/>	

I am requesting a reduction in effort for the purposes of accommodating primary parental care of my (newborn child/newly adopted child).

I propose to work  days per week, reducing my total professional effort to  %.

Additionally, I will (state terms of on-call coverage, teaching, or other Departmental responsibilities):

I propose this reduced effort for a period from  to .

I understand that I may resume full-time activity by giving my Department adequate notice.

I further understand that my compensation will be reduced by  %.

I further understand that I will remain benefits-eligible, but that the cost of my benefits may increase. I further understand that my dependents are not eligible for tuition benefits during the period of my reduced effort. I further understand that a reduced effort appointment shall reflect 100% of my professional effort and does not permit: 1) employment in another medical organization or medical practice other than that conducted through The University of Chicago Practice Plan or 2) any professional effort for any other institution or organization, business, or outside interest. When I return to 100% effort I understand that my tuition eligibility will be reinstated as a new academic quarter commences, and that the cost of my benefits will revert to those available to full-time faculty immediately upon my resumption of full-time status.

Date:

\_\_\_\_\_  
Signed by requesting faculty member

Endorsed by: \_\_\_\_\_  
Section Chief (where applicable)

\_\_\_\_\_  
Department Chair