

NOTIFICATION OF BIRTH OR ADOPTION OF A CHILD

Name _____ Employee ID _____

TIU _____ College _____ Campus _____

Date of appointment at regular faculty rank _____ Date of request _____

DATE OF BIRTH OR ADOPTION: _____ AGE OF ADOPTED CHILD: _____

If not yet completed, are you requesting moving your Fourth Year Review? _____

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This form is forwarded to acknowledge notification of birth or adoption of a child under age 6 so that the department, college, and university records can be updated.

DATE

Regional Campus Dean/Director (if applicable) _____

TIU Head _____

College Dean _____

Provost _____

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The Office of Academic Affairs will return a copy of this form to the college acknowledging receipt of the form.

To be filled out by the Office of Academic Affairs

	PRESENTLY SCHEDULED	PROPOSED
Fourth Year Review, if not yet completed	20__/__	20 __/__
Mandatory promotion & tenure review	20__/__	20 __/__