

Pregnancy & Parenting-Related Assistantship Duties Work Plan

Last Name:	First Name:
Student ID number:	Colorado.edu e-mail:
Supervisor:	Position:
Dates of six week leave:	
Please address any necessary adjustments in assistantship activities and responsibilities that will support the transition of assistantship duties to other graduate students, if applicable:	
Please address how the student will transition back into work after the period of leave, if applicable:	
·	be kept by the student's employing departmental student file. Students vadditional steps to be approved for paid parental leave. For additional Graduate School website.
Student Signature	
Supervisor Signature	
Chair of employing department Signature	