CLEMSON
HUMAN RESOURCES

Family Support and Accommodation Plan (FSAP) Request Form

This form is to be used in accordance with Clemson University's *Family Support and Accommodation Plan Guidelines* and must accompany your completed Family Support and Accommodation Plan (FSAP).

Section I: Employee Information	
Employee Name:	CU ID Number:
College, School, and/or Department:	
Campus Address:	Campus Phone:

Section II: Request Information
Requested period of accommodation plan: _____/_____/_____ through _____/_____/_____
If you were previously approved for a FSAP at Clemson University, please indicate the period(s) of accommodation plan here: _____/_____/_____ through _____/_____/_____

Section III: Reason for the Request
☐ I am the parent or in a parental role and have/share primary caregiving responsibilities for a newborn, or recently adopted or placed child. Anticipated/actual date of birth, adoption, or placement _____/_____/_____
☐ I am the primary caregiver for a family member who requires assistance due to a serious health condition or who requires elderly care.
I understand that if this plan is approved, I will continue to perform at the same standard hours as before the plan was implemented while participating in the accommodation plan process. In the event that I find I need to reduce my workload, and am not able to perform my assigned job duties in the newly modified work schedule, I may need to pursue a leave request and will contact The Office of Human Resources immediately.

☐ Attached is a FSAP proposing an accommodation plan.

Employee Signature: _____ Date: _____

Required University Approvals		
Approvers are encouraged to attach additional comments as necessary. **The approver's written justification is required in the event that the approver denies the request.*		
Department Chair's Signature:	Date	☐ Approve ☐ Deny*
Dean's Signature:	Date	☐ Approve ☐ Deny*
Provost's Signature	Date	☐ Approve ☐ Deny*

Faculty: Please complete sections I through III, sign the request form, and submit the request form and its accompanying draft FSAP to your department chair.