SENATE BILL NO. GS10-49

AS INTRODUCED

A resolution petitioning the University of Oklahoma
office of Human Resources to expand the current
Family and Medical Leave act to include Graduate
Student Employees at a 0.5 FTE or greater

Whereas: Graduate Student Employees on 0.5 FTE at the University of Oklahoma currently have
no guaranteed job security in circumstances where they may be forced, for medical
reasons, to take an extended leave of absence; and

Whereas: Since the Graduate Student senate is concerned will all aspects of Graduate Student life,
the amendment of the existing Family Medical Leave act to include Graduate Employees
represents a commitment to the protection of their degree status; and,

Whereas: Will encourage student retainment through medical situations and prevent their faculty
from removing their status as Graduate Student research and/or teaching assistants for
the duration of the allowed medical leave, which is 12 weeks.

BE IT RESOLVED BY THE UNIVERSITY OF OKLAHOMA STUDENT ASSOCIATION
UNDERGRADUATE STUDENT CONGRESS WITH THE GRADUATE STUDENT SENATE
CONCURRING THEREIN:

Section 1: The Graduate Student Senate wishes to amend the Family Medical leave act, provided by
the University of Oklahoma office of Human Resources, to include a provision for
Graduate Student Employees, that is, any student with at least a 0.5 FTE. The provision
will alter eligibility requirements to reflect a minimum number of hours worked during
the previous 12-month period, which will be set at 700 hours

Section 2: This act shall become effective immediately upon passage in accordance with the University of
Oklahoma Student Association Graduate Student Senate bylaws.

Section 3: Copies of this resolution shall be sent to

    Mr. David L. Boren, President of the University of Oklahoma
    Dr. T.H. Lee Williams, Dean of the Graduate College
    Dr. Janis Paul, Assistant Dean of the Graduate College
Author: Esther White, Department of Meteorology

Submitted on a motion by:
Action taken by Senate:

Verified by Chair of Senate: _____________________________ Date: __________

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