THE UNIVERSITY OF TEXAS AT AUSTIN
OFFICE OF THE EXECUTIVE VICE PRESIDENT AND PROVOST
1 University Station, G1000
Austin, Texas 78712
(512) 471-4363

THE UNIVERSITY OF TEXAS CHILD CARE CENTER RETENTION APPLICATION FORM

Date: _____

College: _____

Department: _____

Department Contact: _____ Contact Phone: _____

Employee's Name: _____

Employee's Title: _____

Employee's Office Address: _____

Employee's Phone & Email: _____

Offer From: _____Need child care beginning: _____
Institution Semester and Year

Child(ren) needing care:

Child's name:_____ Date of Birth:_____

Child's name: _____ Date of Birth: _____

Child's name: _____ Date of Birth: _____

This application is to apply for one or more child care spaces at a UT Child Care Center (UTCCC) to be used as part of a faculty retention package

_____ _____
Department Chair Date

_____ _____
Dean Date

_____ _____
Executive Vice President and Provost Date