



**TENURE CLOCK, MODIFIED DUTIES,
AND SICK LEAVE POLICIES:
Creating “A Network of Support and Understanding”
For University of Michigan Faculty Women
During Pregnancy and Childbirth**

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During the 2003-04 academic year, the Center for the Education of Women conducted a web survey about the use and perceptions of the tenure clock (TC) and modified duties (MD) policies among the University of Michigan’s tenured and tenure-track women faculty members. We know that a large number of women have taken advantage of these two policies (as well as the sick leave policy), since their inception over a decade ago, to accommodate pregnancy and childbirth. However, we had no way of knowing exactly how many faculty members have done so, since the policies themselves have no provisions for university-wide record keeping. Nor did we have any concrete information about how well women faculty members perceive the policies have served them during pregnancy and childbirth and afterwards in their careers.

The Center for the Education of Women (CEW), the President’s Advisory Committee on Women’s Issues (PACWI), and the faculty Senate Advisory Committee on University Affairs (SACUA) were the original forces behind both modified duties and tenure clock policies. CEW believes that it is important to take stock of how many women have been influenced, and in what kinds of ways, by the policies’ existence. The findings from this survey help create a picture of how women faculty are managing their career and personal lives and how supported they feel by colleagues and administrators. The text of these policies can be viewed at:

spg.umich.edu/pdf/201.92.pdf (tenure clock)

spg.umich.edu/pdf/201.93.pdf (modified duties, revised 2005 version)

Methodology

We sent a web-based survey via email to all female assistant and associate professors and to female full professors who were age 50 or less in 1991 (when the TC and MD policies were enacted). Two reminder emails were sent to non-responders, resulting in a 47% response rate. Respondents were fairly evenly spread across the ranks (see Table 1) and represented numerous schools and colleges across the University (see Table 2).

| | # | % |
|-----------|-----|------|
| Assistant | 99 | 33% |
| Associate | 111 | 37% |
| Professor | 89 | 30% |
| Total | 299 | 100% |

Table 2: Survey Respondents by School

| | # of respondents | % of total respondents |
|---------------------------------|---------------------|---------------------------|
| Architecture | 4 | 1% |
| Art & Design | 3 | 1% |
| Business | 11 | 4% |
| Dentistry | 5 | 2% |
| Education | 14 | 5% |
| Engineering | 15 | 5% |
| Kinesiology | 2 | 1% |
| Law | 3 | 1% |
| Literature, Science, & the Arts | 105 | 35% |
| Medical School | 74 | 25% |
| Music | 14 | 5% |
| Nursing | 9 | 3% |
| Pharmacy | 3 | 1% |
| Public Health | 17 | 6% |
| Public Policy | 4 | 1% |
| School of Information | 3 | 1% |
| Natural Resources & Environment | 5 | 2% |
| Social Work | 7 | 2% |
| Mil Officer Ed Programs | <u>1</u> | <u><1%</u> |
| Total | 299 | 100% |

It is important to keep in mind that the survey was conducted in the context of pregnancy and childbirth, which was the intent of the modified duties policy¹ and the only condition for which the tenure clock policy is an entitlement. Thus when we asked, for example, “Have you used the TC policy?” we did not ask for what reason the policy was used, since our primary interest was the use of the policies by faculty who had given birth. However, under certain other specified conditions, some women may occasionally have used the policies for other purposes

It is also important to recognize that many women faculty have accommodated the births of their children by means others than tenure clock extension, modified duties, and sick leave policies. For example, they may have planned for the births to take place at a convenient time, such as in the summer, when formal work duties are lighter, or during a sabbatical leave.

¹ In Summer 2005, the University enacted a new, broader modified duties policy, which is more readily available to men and women faculty under a larger number of conditions.

Incidence of Births

To provide a context for the following discussion of the tenure clock and modified duties policies, we first look at the incidence of births among women faculty. We asked respondents whether they had given birth since 1991 (when the policies were enacted) and while on the UM faculty. Women faculty reporting births represented many, but not all, of the colleges and schools covered by the survey.

Since the enactment of the tenure clock & modified duties policies over a dozen years ago, approximately three out of ten (or 86 out of 299) survey respondents have given birth to one or more children while at UM. More than half of the women reported a single birth; another third reported two births (see Table 3). These 86 women reported a total of 126 births, which represents approximately 10.5 children per year among survey respondents². However, it should be noted that four women answered ‘yes’ to having given birth but did not specify the number of births; as a conservative estimate we have assumed a single birth. Further, we did not inquire specifically about multiple births (e.g., twins, triplets). Therefore the 126 reported births may represent fewer than the actual number of individual infants born.

Table 3: Number of Reported Births at UM since 1991

| | Women reporting births | | Number of births |
|--------------|------------------------|-----|------------------|
| | # | % | |
| One birth | 47 | 55% | 47 |
| Two births | 30 | 35% | 60 |
| Three births | 5 | 6% | 15 |
| Unknown | 4 | 5% | 4 |
| Total | 86 | 29% | 126 |

Answered ‘yes’ to having given birth but did not specify the number of births. As a conservative estimate we assume a single birth.

Both the number of women reporting births and the number of births reported were fairly evenly distributed across the academic ranks (see Table 4). The numbers were somewhat lower for full professors, many of whom may have been beyond child-bearing age during the study’s time frame.

² The denominator for the calculation of average births is 12 years – the elapsed time between 1991, when the policies were enacted, and 2003, the time the survey data was collected.

Table 4: Women Reporting Births at UM since 1991 by Rank

| | Number of women reporting births | | | |
|--|----------------------------------|----------|----------|----------|
| | Asst | Assoc | Full | Total |
| One birth | 15 | 17 | 15 | 47 |
| Two births | 13 | 12 | 5 | 30 |
| Three births | 0 | 3 | 2 | 5 |
| Unknown | <u>2</u> | <u>1</u> | <u>1</u> | <u>4</u> |
| Total number of respondents reporting births | 30 | 33 | 23 | 86 |
| % of respondents reporting births | 30% | 30% | 26% | 29% |
| | | | | |
| Number of reported births | 43 | 51 | 32 | 126 |
| % of reported births by rank | 34% | 49% | 25% | 100% |
| | | | | |
| Average births reported per year | 3.6 | 4.3 | 2.7 | 10.5 |

indicated rank at time of survey, not time of birth(s)

Answered ‘yes’ to having given birth but did not specify the number of births. As a conservative estimate we assume a single birth.

The denominator for the calculation of average births is 12 years – the elapsed time between 1991 when the policies were enacted and 2003, the time the survey data was collected

Tenure Clock Policy

The tenure clock (TC) policy entitles women to add one year to their probationary period; in other words, to spend one year as an assistant professor that is not counted in the tenure-clock time frame “in recognition of the effects that pregnancy, childbirth, and related medical conditions can have upon the energy a woman has to devote to her professional responsibilities....” The policy currently allows faculty to stop their tenure clocks only one time during the pre-tenure probation period, though exceptions have been granted.

Nearly one in five respondents reported using the TC policy (65 out of 299). Respondents to questions related to the tenure clock policy came from various schools and colleges across the University (see Table 5). No women in the following colleges reported using the TC policy: Architecture, Art & Design, Dentistry, Law, Nursing, Pharmacy, Public Policy, and the Military Officer Education Programs.

Table 5: Tenure Clock Policy Use by College/School

| | Women using TC | |
|---------------------------------|------------------|---|
| | # of respondents | % of total women respondents in college/school* |
| Business | 4 | 36% |
| Education | 2 | 14% |
| Engineering | 2 | 30% |
| Kinesiology | 1 | 50% |
| Literature, Science, & the Arts | 23 | 22% |
| Medical School | 21 | 28% |
| Music | 1 | 7% |
| Public Health | 7 | 44% |
| School of Information | 1 | 33% |
| Natural Resources & Environment | 2 | 40% |
| Social Work | 1 | 14% |
| Total | 65 | |

* i.e., Of the 74 women in the Medical School, 21 or 28% reported TC use.

Nearly two thirds (40 or 62%) of those who reported giving birth elected to use the TC policy. The remainder stopped their tenure clocks for different but undisclosed reasons, which might have included adoption, illness of the respondent or the illness or death of a family member (see Table 6). It is important to understand that only a subset of the 299 respondents (untenured women) would have been eligible to use the TC policy. On the other hand, women faculty at all ranks are eligible for the MD and/or SL policies.

Table 6: Women and Use of TC Policy

| | Reasons for use of TC | | | |
|--------------------|----------------------------|-------------------------------------|-----|-------|
| | Women who did give birth** | Women who did <u>not</u> give birth | na* | Total |
| Women using TC | 40 | 24*** | 1 | 65 |
| Women not using TC | 46 | 182 | 3 | 231 |
| na* | 0 | 2 | 1 | 3 |
| Total | 86 | 208 | 5 | 299 |

* na = “no answer” when respondent didn’t answer one or both questions
 **since 1991 when the policies were enacted and while on the UM faculty
 *** other reasons such as adoption, illness of the respondent or the illness or death of a family member

Among those who used the TC policy, just over half (34 of 65) believed that it has had a positive impact on their careers, another third were not yet able to assess its possible effect, and only 6% believed the policy has had a negative effect (see Table 7).

| | # of respondents | % of respondents |
|------------|------------------|------------------|
| Negative | 4 | 6% |
| Neutral | 8 | 12% |
| Positive | 34 | 52% |
| Don't Know | <u>19</u> | <u>29%</u> |
| Total | 65 | 100% |

Women who did not use the TC policy were asked why they did not (see Table 8). It should be noted both that respondents were able to select multiple response categories and that some of those who said they hadn't used TC gave no reason for not doing so. Of those who did provide reasons, an overwhelming majority (81%) said they did not use the TC policy because they had no need to do so (in some cases, perhaps, because they had already attained tenure). This may be because they did not give birth or have other serious dependent care needs or because they were able to meet their departmental tenure standards without exercising the TC option, or because they had already attained tenure. Of the reasons given other than not needing the policy, nearly two thirds (31 out of the 49) indicated a fear of the possible negative career impact, and one third (18 out of the 49) indicated unawareness of the policy's existence (see Table 8).

| | # | % |
|--------------------------|-----------|-----|
| Didn't know about it | 18 | 37% |
| Fear of impact on career | <u>31</u> | 63% |
| | 49 | |

* Excluding the 188 or 81% who indicated no need. Respondents were able to select multiple categories and some of those who said they hadn't used TC, gave no reason for not doing so

The comments below, offered by women who did and who did not use the TC policy, provide more understanding of the complex web of issues surrounding the policy's use.

Comments From Women Who Chose NOT to Use the Tenure Clock Policy

Many of the women who told us they feared the impact of a tenure clock stop on their careers went on to explain their trepidations in greater detail:

“The stop-the-tenure-clock policy has a negative association with a woman's career in my department/school. It is not associated with women in thriving career paths with high vectors for future success.”

“My sense from some of my colleagues is that lengthening the time before I come up for tenure may also result in a higher standard being applied to me, no matter the reason.”

“[I] have been warned by several senior colleagues not to make it obvious that I care as much for my personal life as for my professional life.”

“Although a year could be added to my tenure clock, outside letter writers would be assessing my productivity per year since appointment, and having a child during the tenure-track period would have slowed my productivity. If letter writers and other decision makers in the tenure process were sure to take into account the policy in assessing my productivity, then I would have been more comfortable taking advantage of it and would have had a child during my tenure-track years.”

Women gave other reasons for opting not to use the tenure clock policy. In some cases, assistant professors—especially those who came to UM from other universities—negotiated other types of tenure arrangements. Others told us that they planned their pregnancies so that their children would be born either before or after the tenure-track period:

“A part of me even delayed focusing on settling down into marriage and family until after I was tenured. Tenure/career was central to me, and a very important goal in my life. I got married after I was tenured, at a relatively late age, and had a child as soon as possible, beating my biological clock at the last moment.”

“I was afraid to use any stop-clock policy for fear that I would end up not getting tenure. I view my tenure as a very valuable thing...and I was too old for children by the time my tenure came through.”

Some respondents decided that, in addition to bearing one or more children during their tenure periods, they also had produced strong enough research records within the standard time frame that they did not need clock extensions. Others told us that they applied for but in the end did not exercise their options to stop the clock. For them, the knowledge that they could have extended their tenure clocks if they had wished was enough to lessen their anxiety:

“Although I didn’t end up needing the extra year, it was helpful and less stressful knowing that I could slow down my tenure clock.”

“This [policy] gave me a buffer to enable me to build my research program as a new faculty member. It turns out that I did not need the additional year to allow me to be promoted in the allowable time.”

Comments From Women Who Chose to Use the Tenure Clock Policy

More than half of the women who reported using the tenure clock policy believed it had a positive impact on their careers. A number of women who used the tenure clock policy and subsequently received tenure spoke eloquently of how it helped them balance their careers with their personal lives. Their reactions are characterized by these comments:

“Having a baby is a very demanding and draining experience for any woman, but particularly if you are an academic on the tenure track. It is also one of the most wonderful experiences; you want to spend time with your baby without feeling the nagging guilt and conflict that exists between work and family roles. The year off the clock allowed me to spend time with my baby without worrying that I was going to be so far behind that tenure would be unreachable. It was still difficult to balance work and family obligations, but it sure helped to have the clock stopped. I can’t imagine how women did it before.”

“During my leave semester, I felt much less anxious about how much work I was (or was not) getting done. As a result, I was able to relax and really bond with my newborn. Knowing that I had an extra year to accomplish my academic and service goals was very reassuring.”

“The policy was highly instrumental in allowing me to pursue both my work and family goals. It encouraged me, by making me feel that I was working in a supportive environment that did not require that I choose a career over or instead of having a family. For me, the difficulty of balancing the enormously high pressure demands of this job with raising a family would not be possible without such a supportive policy in place.”

Some assistant professors, who more recently extended their clocks, spoke equally highly of the policy but were, as the following comment illustrates, also apprehensive about how it would ultimately affect their tenure reviews:

“I feel very privileged to be able to have a career and a family. I’m not sure how the department committee or the executive committee will view the extension. There are rumors that they will then expect more publications as a result of my extra year. Of course the whole point of the extension is to compensate for research time lost to child care, but I’m not sure if this is the way the committees will look at it.”

As these comments suggest, the amount of support and encouragement women receive from their departmental colleagues and administrators plays a large part in determining whether their experiences with the tenure clock policy are positive or negative.

Modified Duties and Sick Leave Policies

The University offers two policies to address the needs of women during pregnancy and following childbirth: the modified duties (MD) policy and the sick leave (SL) policy. The modified duties policy entitles women who are pregnant or have recently given birth to a semester-long release from all classroom responsibilities while continuing to receive full pay. However faculty using MD are expected to keep up with all other responsibilities (i.e., research, publication, committee service, student advising) associated with their positions. The sick leave policy entitles faculty members to six weeks (or more, if medically necessary) of paid leave for "disability," as pregnancy and childbirth are defined under federal law. Given the nature of the Medical School’s teaching schedules and clinical duties, which are less tied to semester-long timeframes, the Medical School’s departments generally use the sick leave policy instead of the modified duties policy for pregnancy and childbirth.

Among the 86 women respondents who reported giving birth while at UM since 1991, nearly two thirds (54 of 86) used the modified duties policy and nearly a quarter (20 of 86) used sick leave (see Table 10). In other words, women have used one of these two policies for four out of five births (100 of 126) reported in our survey. When evaluating policy usage and birth data, it is important to remember that women may have used one, both or neither of these policies during

any given pregnancy – accordingly, in Table 9, the number of women does not add to 86, and similarly, the number of births does not add to 126.

Table 9: Use of Modified Duty or Sick Leave Policies for Childbirth

| | Modified Duties | | Sick Leave | |
|------------------------|-----------------|------------|------------|------------|
| | # of women | % | # of women | % |
| Once | 42 | 14% | 11 | 4% |
| Twice | 8 | 3% | 8 | 3% |
| 3 times | 4 | 1% | 1 | <1% |
| Did not use | <u>245</u> | <u>82%</u> | <u>279</u> | <u>93%</u> |
| Total | 299 | 100% | 299 | 100% |
| Number of uses(births) | 70 | | 30 | |
| Average use per year | 5.8 | | 2.5 | |

Respondents may have used one, both or neither of these policies during any given pregnancy – accordingly, the number of women does not add to 86, nor does the number of births add to 126

The denominator for the calculation of average births is 12 years – the elapsed time between 1991 when the policies were enacted and 2003, the time the survey data was collected

That the sick leave policy is used primarily by women in the Medical School is clearly demonstrated in Table 10 – three quarters of the respondents using sick leave for childbirth were from the Medical School. Of the 21 women in the Medical School, who reported giving birth since 1991 and while on the UM faculty, only one used the modified duties policy. The majority (14 of 21, or 70%) used sick leave, while the remainder may have used vacation time, planned summer births, or made other arrangements not captured by this survey.

Table 10: Use of Modified Duties and Sick Leave Policies by College/School

| | reported births* | Women using MD | | Women using SL | |
|---------------------------------|---------------------|-------------------|-----|-------------------|-----|
| | | # | % | # | % |
| Business | 7 | 7 | 13% | 1 | 5% |
| Dentistry | 1 | | | | |
| Education | 5 | 2 | 4% | | |
| Engineering | 4 | 4 | 7% | 1 | 5% |
| Law | 3 | 3 | 6% | | |
| Literature, Science, & the Arts | 31 | 26 | 48% | | |
| Medical school | 21 | 1 | 2% | 14 | 70% |
| Music | 2 | 2 | 4% | 1 | 5% |
| Pharmacy | 1 | | | 1 | 5% |
| Public health | 7 | 5 | 9% | 2 | 10% |
| Public policy | 1 | 1 | 2% | | |
| School of Information | 1 | 1 | 2% | | |
| Natural Resources & Environment | 1 | 1 | 2% | | |
| Social work | 1 | 1 | 2% | | |
| Total | 86 | 54 | | 20 | |

* Women may have used one, both or neither of these policies during any given pregnancy, so policy use may not equal the number of reported births

A number of the respondents who said they had used these policies assessed the impact on their careers (see Table 11). Over half (57%) felt that use of the MD policy had had a positive impact on their careers, while 22% were unable to assess the potential impact their use of the MD policy has had or may have on their careers. By comparison, a much smaller percentage (21%) of the women who used the sick leave policy reported it having a positive impact upon their careers, and over half (57%) felt that using SL had a no effect, either positive or negative. In other words, as a practice for accommodating child birth, MD appears to be a more positive experience for users.

Table 11: Career Impact of the Sick Leave & MD Policies

| | MD Policy (all faculty) | | Sick Leave (for MS Faculty) | |
|------------|----------------------------|------------|--------------------------------|------------|
| | # | % | # | % |
| Negative | 4 | 7% | 1 | 7% |
| Neutral | 7 | 13% | 8 | 57% |
| Positive | 31 | 57% | 3 | 21% |
| Don't Know | <u>12</u> | <u>22%</u> | <u>2</u> | <u>14%</u> |
| Total | 54 | 100% | 14 | 100% |

Women who had given birth but did not use the MD policy were asked why they did not. Among the reasons given, one in eight (12%) indicated a fear of possible negative career impact. Nearly a quarter indicated use of vacation time instead of any other type of time off. Only four women (12%) reported not using the policy for fear of its impact on their careers. More than a quarter (27%) of the responses indicated an unawareness of the MD policy's existence at the time (see Table 12). However, it should be noted that respondents were able to select multiple response categories and many of those who said they hadn't used MD gave no reason for not doing so.

Table 12: Reasons Given For Not Using MD

| | # | % |
|--------------------------|-----------|-----|
| Didn't know about it | 9 | 27% |
| Fear of impact on career | 4 | 12% |
| Vacation instead | 8 | 24% |
| Sick leave instead | <u>12</u> | 36% |
| | 33 | |

Respondents were able to select multiple categories and many of those who said they hadn't used MD gave no reason for not doing so

In a majority of cases, women who did not use SL for pregnancy or childbirth elected the MD policy instead. Only 6% did not use SL for fear of its potential negative career impact (see Table 13).

Table 13: Reasons Given For Not Using SL

| | # | % |
|--------------------------|-----------|-----|
| Didn't know about it | 7 | 10% |
| Fear of impact on career | 4 | 6% |
| Not applicable | 16 | 24% |
| MD instead | <u>41</u> | 60% |
| | 68 | |

Respondents were able to select multiple categories and many of those who said they hadn't used SL gave no reason for not doing so

The comments below, offered by women who did and who did not use the MD policy, provide some insight into their perceptions.

Comments From Women Who Chose NOT to Use the Modified Duties Policy

Most of the women who have never used the modified duties policy for the birth of their children reported that they made other arrangements—sick leave (in the case of the Medical School), vacation time, or individual agreements within the department. In terms of not being familiar with the policy, one woman told us,

“Unfortunately, your survey presumes that the responsibility for taking/not taking advantage of the [modified duties] policy is ours. In my case, my chair had no clue about the policy and never offered it as an option.... I really think that chairs have to be told about this option and be told that it is incumbent on them to provide realistic modified duties, and they should be evaluated on their compliance with it.”

Only one woman told us that she opted not to use modified duties “because I received a less than fully supportive response to my use of the policy and I would fear reprisal.”

Comments From Women Who Chose to Use the Modified Duties Policy

The modified duties policy did create problems for a few women who elected to use it: reduced merit increases, resentment from colleagues, increased workloads upon return, unequal application of the policy. For example,

“I fell behind in merit pay increases the year I took modified leave.... It's hard to say how much of this is ‘modified duties’ per se, but I suspect at least part of it is attributable to this.”

“I have heard senior faculty describe the semester I was on modified duties status as that I had a ‘sweet deal,’ and the implied reputation that I ‘gamed the system’ has followed me since in a pejorative way.”

At the same time, we received many positive comments from women who used the modified duties policy. Even women who could not fully assess the ultimate impact the modified duties might have on their careers nonetheless were glad they took advantage of it. These women can be characterized with these comments:

“The modified duties policy gave me time to recover physically from child bearing and enabled me to spend time with my infant children. I cannot yet fully assess the effect the policy has had on my career, but I cherish the policy’s symbolic as well as practical benefit for integrating a demanding professional life with being a fit parent.”

“I don’t think that taking a modified-duties semester for childbirth has negatively affected my career. I’m not sure if it has had a positive benefit on my career, but I think it has. Had I been forced to teach during the semester following the birth of my son, I would have been a wreck. During that semester of leave, I was able to get some sleep, look after my baby properly, look for childcare for the future, and establish a schedule for my work. *The semester of modified duties was extremely valuable.*”
[italics in original]

“The modified duties policy made it possible for me to keep my health and sanity and remain involved with students and the department while also getting me and my kids off to a good start. It’s an excellent policy. It also allowed me to set a good example to students by not disappearing when I had children, but not ignoring the special joys and responsibilities of family life either.”

“[Modified duties] definitely allowed me to deal with the transition that occurs around the birth of a baby and to establish my relationship with my baby under less stressful conditions. I think people often think these policies are only in place so that women have a better shot at tenure or career advancement. I don’t think enough people take a look at the fact that it is absolutely essential for a woman to establish an intimate relationship with her baby for healthy infant development. And modified duties allowed me to do that. This isn’t only about women’s health but infant health as well.”

The poignant message from these comments is that the modified duties policy allowed women faculty to spend time with their newborns while still sustaining their academic careers.

Discussion

The total number of women who have taken advantage of either of these two policies is relatively low primarily because, for a number of reasons, women have not needed to use them. However, among those who did have a need to use the policy, utilization rates are quite high. Among those who *have* used either of the policies, a majority of the women are pleased with the impacts on their careers—or are unable to assess the effects.

Women who could have benefited from either the TC or MD policies but chose not use them cite two reasons: 1) lack of awareness of the policies' existence and 2) fear of impact the policies' use might have on their careers. Among this group of women, the percentage who feared the impact of the TC policy on their careers is much higher than the percentage who feared the impact of the MD policy. In other words, respondents believe the tenure clock policy is a bigger career risk than the modified duties policy.

A woman's use of sick leave instead of modified duties for pregnancy and childbirth is clearly influenced by her location within the University system. Those women, essentially all non-Medical School faculty, who used the modified duties policy responded more positively to it than the Medical School faculty responded to their use of the sick leave policy.

As our findings also indicate, the number of faculty women who give birth in any given year is low. While we are working toward a day when both men and women no longer face the personal dilemma of whether they can have both careers and active family lives, we predict that the number of births will not rise precipitously.

Recommendations

The findings from this web survey lead us to the following recommendations:

- Faculty members should be able to stop their clocks more than once during their tenure probationary periods.

- A policy is needed to support faculty members who adopt.³ We received a number of comments like the following from our respondents: “I have been trying to make plans to adopt a child, and I am quite dismayed that the policy of having a reduced teaching load for a semester only covers a woman who is giving birth herself... While my colleagues would never state explicitly that taking an extra year in the case of adoption would hurt my chances of getting tenure, I certainly sense pressure to put completing my book ahead of adopting a child.”
- Given the relatively low levels of satisfaction with the sick leave policy, administrators should look to ways to improve the pregnancy and childbirth leave options for Medical School faculty.
- Given the relatively low birth rate numbers, administrators should not view modified duties and sick leave policies as financially prohibitive. Instead, they should seek creative ways to help departments support women faculty members during pregnancy and childbirth (see footnote 3).
- Departmental administrators need to make sure their faculty members are aware of the existence of the tenure clock and modified duties policies.
- Administrators also need to create environments wherein women feel safe to use the policies, without fear of repercussions. As one woman told us, “The modified duties policy did not provide a real reduction of work for me because my department simply shifted all of my teaching from the modified duties semester term to the subsequent term.” It should never be the case that women who elect to use these work-life friendly policies suffer negative career effects.
- Universities need to be in compliance with the Pregnancy Discrimination Act of 1978 (and Supreme Court case Cal Fed vs Guerra), which requires that women affected by pregnancy, childbirth and related conditions receive benefits at least equivalent to other employees who are disabled or unable to work. Thus, if paid sick time or medical leave is provided for other conditions, it must be granted for

³ The revised modified duties policy, enacted in Summer 2005, does include adoption as a allowable reason for women and men faculty to take modified leaves. The revised policy also allows “any unit that experiences significant cost obligations as a result of the revised policy [to] alert the Provost’s Office (Memo from Associate Provost Janet Weiss, June 15, 2005).

pregnancy and childbirth *in addition to* other benefits (such as modified duties or leaves provided for dependent care).

The message from this study is that the tenure clock and modified duties policies are very important to University of Michigan women faculty. The women appreciate the policies' existence, and they look forward to improvements—both in the policies themselves and in the ways their colleagues respond to their use. Such work-life friendly policies are increasingly important criteria by which women, and men, evaluate their career options, both within and outside the academy. If the University of Michigan seeks to attract and retain high quality faculty, it must insure that its work-life policies are equitable, transparent, and effective.