REQUEST FOR MODIFIED INSTRUCTIONAL DUTIES

UNDER SECTION D90 OF THE UNIVERSITY HANDBOOK

Please complete the following and return to your department head at least five months prior to the starting date of your requested period of modified instructional duties. If exceptional circumstances do not allow this request to be submitted five months in advance, please submit it as soon as possible.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of time for which modified instructional duties are requested (example: Fall 2012 semester):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Please provide a statement describing your status as the primary or co‐equal caregiver of the child or ill or disabled family member.

(2) Please provide a statement explaining the need for modified instructional duties. Please note if you plan to request modified instructional duties related to a serious medical condition of a family member, or for the birth, foster placement or adoption of a child; you may also be eligible for leave under the Family and Medical Leave Act. Please contact Human Resources for more information on your leave options.

(3) Please provide a proposal describing the requested modification to your normal instructional duties and a description of the duties for which you will be responsible during the period of modified instructional duties.

ACKNOWLEDGMENT AND CERTIFICATION:

I submit this application in good faith after having reviewed the Modified Instructional Duties for Faculty, Section D90 of the University Handbook. I will work with my Department Head in an effort to reach a mutually acceptable modified workload that will be presented to my Dean for consideration. I understand that my Dean will review the request and will pass it along to the Provost for final approval. As required by the policy, I certify that, following an approved period of modified duties, I will return to my normal instructional duties for at least two semesters.

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Signature Date