

LECTURER ACTIVE SERVICE-MODIFIED DUTIES REQUEST/CERTIFICATION FORM

Name

School /Department

I. INSTRUCTIONS

To request a period of Active Service-Modified Duties, three months prior to and up-to one year following a birth or adoption, please complete Section II below and sign the certification of primary responsibility statement. You will be notified via e-mail of the decision of your request.

II. CERTIFICATION

Under the provisions of Article 12, Section Q. of the Lecturer (IX) [Union Contract](#). I wish to request modified duties for the period:

_____ to _____

Approximate date of qualifying birth or adoption: _____

These modified duties, as agreed upon between the applicant and the Department Chair, will include the following (attach separate page(s) as needed):

I hereby certify that the above statements are true and that I will have more than 50% primary responsibility for the care of an infant or newly adopted child.

Signature

Date

III. APPROVALS

DEAN

DEPARTMENT CHAIR

ACADEMIC PERSONNEL

DATE RECEIVED / NOTIFICATION DATE

