

**LECTURER ACTIVE SERVICE-MODIFIED DUTIES REQUEST/CERTIFICATION FORM**

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**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

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**III. APPROVALS**

\_\_\_\_\_  
DEAN

\_\_\_\_\_  
DEPARTMENT CHAIR

\_\_\_\_\_  
ACADEMIC PERSONNEL

\_\_\_\_\_  
DATE RECEIVED / NOTIFICATION DATE

