

University of California, Merced
**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 APM [760-28](#), 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 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.

I understand that this is not a leave and that the time does count toward the eight-year limitation on service in certain titles ([APM 133](#)).

Signature

Date

III. APPROVALS

DEPARTMENT CHAIR SIGNATURE

DEAN SIGNATURE

ACADEMIC PERSONNEL

DATE RECEIVED

/_____
NOTIFICATION DATE