



APPLICATION FOR MODIFIED DUTIES

Faculty Name:

Department/School and College:

Faculty member is:

- Primary Caregiver
- Co-Caregiver

Date the child entered (or is estimated to enter) the home:

Date of Birth of Child:

School Schedule for Child:

Requested period of modified duties:

Reason(s) for modified duties:

A plan of proposed activities, developed in consultation with the department chairperson/school director/dean (if in a non-departmentally organized college):

Faculty Signature: _____ Date: _____

Chairperson/Director Signature: _____ Date: _____