

COLLEGE OF CHARLESTON
MODIFIED DUTIES SEMESTER FORM

Date:

Name:

Title:

School:

Department:

Estimated date of birth or arrival of child:

For adopted children, age at adoption:

Start date of requested modification of duties:

End date of requested modification of duties:

List the courses you would normally teach during the period of modified duties:

Describe how your professional duties will be modified during the period requested.
Please attach a separate one-page proposal.

I acknowledge that I am requesting a modification of duties for an academic semester

because I am the Primary Caregiver for my newborn or newly-adopted child,

or

because I am the Secondary caregiver for my newborn or newly-adopted child (and (i) was the parent of the child at the time of birth or adoption and remain legally responsible for the child, and (ii) have or will have substantial and sustained childcare duties during the semester for which Modified Duties have been requested).

I have exhausted or will have exhausted all of my allowable paid leave prior to the commencement of my modified duties period and, to the best of my knowledge and belief, I am in compliance with the eligibility requirements specified in the policy. I understand that if I am unable to perform my modified duties, I must use sick leave or other leave, as appropriate.

Signature: _____ Date: _____

Approved: _____ Date: _____
Department Chair

Approved: _____ Date: _____
Dean

Approved: _____ Date: _____
Provost

Semester(s) _____ Entered in PEAFAC T _____ Entered in BDMS _____

Received: _____ Date: _____
Human Resources