



# FACULTY MODIFIED DUTIES SEMESTER FORM

## The University of Alabama in Huntsville

Faculty Member Name: \_\_\_\_\_ Rank: \_\_\_\_\_

College/School: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone or Cell: \_\_\_\_\_

Modified duties<sup>1</sup> requested for the period:

Academic Year \_\_\_\_\_ Fall term: full semester or partial semester (indicate dates) \_\_\_\_\_

Academic Year \_\_\_\_\_ Spring term: full semester or partial semester (indicate dates) \_\_\_\_\_

If you received a modified duties semester(s) in the previous 5 years, please indicate the year and semester(s) \_\_\_\_\_

**Please check the appropriate box below and attach the required documentation of the relevant event or circumstances (i.e., birth certificate, physician's certification, etc.).** In the case of a birth or adoption, please also attach a statement attesting to your responsibilities as the primary caregiver for your child(ren). In all other situations, please attach a letter outlining the reasons for your request. (Letters of request and certification documents should not include any specific information regarding medical history of the faculty member or a family member, including specific manifestation of diseases and disorders).

**A. Birth or Adoption of a Child**

A faculty member who is the birth/adoptive mother or primary caregiver is eligible for an automatic semester equivalent of modified duties related to the birth or adoption of a child.

**B. Other Situations**

A faculty member is eligible for a semester equivalent of modified duties for life-challenging situations by request and upon approval.

**PLEASE NOTE: TENURE CLOCK EXTENSIONS**

A faculty member is also eligible for an extension of the tenure clock automatically in the case of childbirth/adoption, serious illness, or the death of a spouse/partner or child, and by request in other exceptional circumstances.

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FORM:**

Copy of relevant documentation of life event (i.e. birth certificate, adoption papers, physicians certification, etc.)

Letter of request and justification written by faculty member (*required for Option B only*)

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

**REQUIRED APPROVALS<sup>2</sup>** Please attach additional comments as necessary. In the case of a denial, a written justification is required. All forms must be forwarded through the entire chain of approval to the Provost Office.

\_\_\_\_\_  
Chair of Department

\_\_\_\_\_  
Date

Approve  Deny

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

Approve  Deny

\_\_\_\_\_  
Associate Provost

\_\_\_\_\_  
Date

Approve  Deny

1 - Please refer to UAH Policy 02.01.62 for a definition of Modified Duties.

2 - Please note that approval is automatic in cases of childbirth or adoption.