

## Request for Modified Duties

The university recognizes the need for all tenured and tenure earning faculty members to balance the commitments of family and work. Special family circumstances include, for example, birth or adoption of a child, severe illness of an immediate family member or member of the immediate household, or issues of personal health. These issues can cause substantial alterations to one's daily routine, thus creating a need to construct a modified workload and flexible schedule for a period of time. All requests must have a plan of proposed activities attached, developed in consultation with your department chair and dean. For eligibility and guidelines, see Section 4.5.5 of the UAB Faculty Handbook.

If the department chair does not support this request, the reasons for denial shall be provided in writing, and the request automatically forwarded to the dean for further review. If the dean does not support this request, the reasons for denial shall be provided in writing to the faculty member.

Documentation of a medical condition is required. Please submit documentation to:

Employee Health (include a copy of this request):

SW123

Spain Wallace Building

620 19<sup>th</sup> Street South, Birmingham, AL 35249

Confidential Fax: (205) 975-6900

employeehealth@uabmc.edu

**NAME:** \_\_\_\_\_ **FACULTY ID#:** \_\_\_\_\_

**FACULTY RANK:** \_\_\_\_\_ **SCHOOL/UNIT:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **CAMPUS TELEPHONE:** \_\_\_\_\_

**REQUESTED PERIOD OF MODIFIED DUTIES:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REASON(S) FOR REQUEST:**

**Signatures**

**Date**

<b>Faculty Member:</b>	
<b>Approved – Department Chair:</b>	
<b>Approved – Dean:</b>	
<b>Approved – Provost:</b>	

Distribution: Final approver will send original form back to Faculty Affairs Office for distribution.