



# Office of the Provost

## Faculty Request for Modified Duties

### USC Columbia

The University of South Carolina promotes an academic culture that is supportive of faculty and their families. The University is committed to attracting and retaining the highest-quality faculty to academic disciplines critical to our state, including business, education, engineering, nursing, public health, and medicine, as well as to supporting the state's vibrant history of arts and culture with excellent faculty in the liberal arts. Faculty thrive in an equitable and productive academic environment that supports health and well-being. Major life events, such as the birth or adoption of a child, or health issues for faculty members and their families, can have a profound effect on their lives, whether anticipated or unanticipated. Policy [ACAF 1.60 Modified Duties for Faculty](#) is one of several Family Friendly policies designed to ensure a workplace culture that is flexible and supportive of faculty as they navigate their personal and family responsibilities, a culture in which all faculty can thrive personally and professionally.

Periodically a faculty member may need relief from some level of academic duties in order to respond to an anticipated or unanticipated personal event or situation. To request modified duties, the faculty member should submit this [Faculty Request for Modified Duties](#) form to their department chair or dean. If additional documentation is needed to evaluate the request, please submit it to the appropriate party (as described below). The dean of the college or school provides the final approval for modified duties.

This form should normally be submitted at least four months prior to the start of the proposed semester, or as soon as possible when it is less than four months. See [ACAF 1.60 Modified Duties for Faculty](#) for further information. This form should not be used to request accommodations under the Americans with Disabilities Act (ADA), as amended. Please see [Workplace Accommodations](#) for instructions related to requesting ADA accommodations.

To be approved for modified duties, the faculty member must submit the first three items to their direct supervisor; see instructions below for how to submit appropriate documentation.

1. Completed form
2. A written plan for modified duties for the requested period
3. Justification for the request, if not considered confidential information.
4. Documentation for the request, including certificate of birth or adoption.
  - a. Non-confidential documentation can be submitted to your direct supervisor, along with this request form.
  - b. If you have any information/documentation that is considered confidential (e.g., birth certificate, adoption paperwork, certification from a health care provider, etc.) to submit with your request, please instead submit all documentation, along with a copy of this form, directly to Employee Relations in the Division of Human Resources at [USCER@mailbox.sc.edu](mailto:USCER@mailbox.sc.edu). Any confidential information will be viewed and retained within Employee Relations and will be kept confidential in a manner that is consistent with state and federal law. Please note that Employee Relations will confirm receipt of documentation with the department.

#### **PLEASE NOTE: Tenure-Progress Review and Tenure Clock Extensions**

*A faculty member requesting modified duties may also be eligible of the tenure clock, including adjustment of the tenure-progress review, or extension of the post-tenure review. For more information, see policies [ACAF 1.05 Tenure Progress Review of Faculty: Third Year Review](#) and [ACAF 1.31 Extension of Faculty Tenure-Track Probationary Period and Scheduled Post-Tenure Review](#).*

# Faculty Request for Modified Duties

## USC Columbia

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

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

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Modified duties requested for the period:

Academic Year: \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Prior modified duties in the past five years: \_\_\_\_\_

Please check the appropriate box below and submit the **required** documentation for the relevant event or circumstances (i.e., birth certificate, physician's certification, etc.) as instructed. The form should normally be submitted at least four months before the start of the proposed semester or as soon as possible when it is less than four months

**A. Birth or Adoption of a Child**       *Primary Caregiver*       *Secondary Caregiver*

A faculty member is eligible for an automatic semester equivalent of modified duties related to the birth or adoption of a child. The specific modifications will depend upon whether the faculty member is the primary or secondary caregiver of the 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.

I have reviewed policy **ACAF 1.60 Modified Duties for Faculty**. I understand that I am expected to work full time or to utilize appropriate leave as needed.

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

\_\_\_\_\_  
Date

### Required Approvals:

Please attach additional comments as necessary. In the case of a denial, a written justification is required.

\_\_\_\_\_  
Employee Relations Signature (if applicable)

\_\_\_\_\_  
Date

Confidential Information  
 Confirmed

\_\_\_\_\_  
Department Chair/School Director Signature

\_\_\_\_\_  
Date

Approve     Deny

\_\_\_\_\_  
College/School Dean Signature

\_\_\_\_\_  
Date

Approve     Deny