



Office of Human Resources

Faculty Modification of Duties Request Form

Section I: Employee Request

Faculty Name: _____ A#: _____

Title: _____ E-mail: _____

Semester Requesting Modified Duties: _____

Please describe proposed modified duties and time frame associated with the work.

Employee Signature: _____ Date: _____

Section II: Departmental Review and Approval

I have reviewed with the faculty member the requested modified duties and approve the duties as described above.

Chair Name: _____

Chair Signature: _____ Date: _____

Original: Human Resources
Copy: Employee, Employee’s Department, and Dean