



FACULTY MODIFIED DUTIES SEMESTER FORM
USC Aiken, USC Beaufort or USC Upstate

Faculty Member Name: Rank:

Campus: Department:

Campus Address: Campus Phone:

Modified duties 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 five years, please indicate the year and semester(s)

Please check the appropriate box below and attach documentation of the relevant event or circumstances. In addition, please attach a letter addressed to your academic unit head outlining the reasons for your request.

A. Birth or Adoption of a Child

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 the role and responsibilities of the parent as primary or secondary caregiver.

B. Other Situations

A faculty member is eligible for a semester equivalent of modified duties upon request in other life challenging situations upon approval.

Large empty rectangular box for documentation or comments.

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

Faculty Member

Date

Academic Unit Head

Date

Approve Deny*

Executive Vice Chancellor for Academic Affairs

Date

Approve Deny*

Form received by USC Division of Human Resources (Columbia)

Date

*Please note that approval is automatic in cases of childbirth or adoption