



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 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 or secondary 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 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.

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: Third-Year Review and Tenure Clock Extensions

A faculty member is also eligible for an extension of the tenure clock and when appropriate for an adjustment of the timing of the tenure progress review (third-year review) automatically in the case of childbirth/adoption or the death of a spouse/partner or child, and by request in other situations. For more information, see University Policies ACAF 1.05 and ACAF 1.31 at www.sc.edu/policies and the Faculty Family Friendly Policies website at http://www.sc.edu/provost/policiesfamilyfriendly.shtml

The following documents must be attached to this form:

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

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

Faculty Member Signature _____

Date _____

Required Approvals (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*
Campus Dean _____ Date _____ Approve Deny*
Chancellor, Palmetto College _____ Date _____ Approve Deny*