



**Faculty Modified Duties Request Form  
Under Paid Parental Leave Policy**

A copy of the employee's Paid Parental Leave Request Form certified by Human Resources must be submitted with this Faculty Modified Duties Request Form to the employee's department head/chair.

**Section I: Employee Request**

Faculty Name: \_\_\_\_\_ UID: \_\_\_\_\_

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 below:

Chair Name: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original:** Employee's Department  
**Copy:** Employee and College/School Dean, if applicable