

COLLEGE OF CHARLESTON
APPLICATION FOR MODIFICATION OF DUTIES

Date:

Name:

Title:

School:

Department:

Estimated date of birth or arrival of child:

For adopted children, age at adoption:

Start date of requested modification of duties:

End date of requested modification of duties:

List the courses you would normally teach during the period of modified duties:

Describe how your professional duties will be modified during the period requested.
Please attach a separate one-page proposal.

I acknowledge that I am requesting a modification of duties for an academic semester because I am the primary caregiver for my newborn or newly-adopted child and have substantial and sustained childcare responsibilities.

Signature: _____ Date: _____

Approved: _____ Date: _____

Department Chair

Approved: _____ Date: _____

Dean

Approved: _____ Date: _____

Provost

Received: _____ Date: _____

Human Resources