



FACULTY MODIFIED DUTIES SEMESTER FORM USC Columbia

Faculty Member Name: Rank:

College/School: 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 the case of a birth or adoption, please 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 addressed to your academic unit head outlining the reasons for your request For more information, see University Policy ACAF 1.60 at www.sc.edu/policies.

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 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 Tenure Clock Extension Form, available at www.sc.edu/provost/forms.

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

Faculty Member Date
Chair of Department (and Chair of Second Department if joint) Date Approve Deny*
College/School Dean (and Second College/School Dean if joint) Date Approve Deny*
Vice President for Research & Health Sciences (where appropriate) Date Approve Deny*
Vice Provost for Faculty Development Date Approve Deny*

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