

Modified Instructional Duties Request Form (MIDRF)

Date: _____

Employee name: _____

R#: _____

Department: _____

Department Chair: _____

College: _____

Academic Dean: _____

Term MID is requested: _____

Amount MID requested (e.g., full, 1 course, 2 courses): _____

1. Provide a statement explaining the need for modified instructional duties (e.g., caring for a newborn infant or a newly adopted infant or child, personal illness or injury, and/or illness or injury to one's immediate family members).
2. Describe the work to be done while the applicant will be on modified instructional duties (e.g., research, service, administrative). This description should explain the work in detail and define a work product that can be evaluated by the department chair, dean, or immediate supervisor.

An approved modified instructional duties request includes an automatic tenure clock extension for faculty members on the tenure track. If you wish to **opt out** of the automatic tenure clock extension (i.e., you do not wish a tenure clock extension), initial here:_____.

Applicant signature and date

Department chairperson signature and date

Academic Dean signature and date

Office of Provost signature and date

Original and 1 PDF copy retained in Office of the Provost. PDF copies returned to faculty member, chair, and dean.