



## Modified Instructional Duties—Part 1

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The University of Central Florida provides a supportive environment that enables its faculty to address the complexity of balancing their work and family commitments. The University provides leave options when an instructional faculty member becomes a biological parent, a child is placed for adoption in the faculty member's home, or the faculty member becomes the legal guardian of a child.

The purpose of this form is to define modified instructional duties, explain what is being offered, and provide an instrument for formally requesting this benefit.

Modified Instructional Duties. If the faculty member normally has an instructional assignment, then, after consultation with that employee, the supervisor shall determine that:

- (1) the assignment may be changed to a non-instructional assignment for the academic semester during which the child is expected to arrive; or
- (2) the employee's work schedule may be altered.
- (3) once the modified plan is agreed to by the employee and his or her supervisor, it shall be reviewed by the dean or vice president. The dean or vice president shall either approve the modified work plan, or work in collaboration with the supervisor and employee to reach an acceptable solution.

**Form must be completed by in-unit faculty member, unit head, and dean/VP of unit.  
PLEASE ENTER INFORMATION BELOW AND RETAIN IN UNIT**

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### Requestor Information

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_ UCFID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ College & Department: \_\_\_\_\_  
UCF Employment Start Date: \_\_\_\_\_ Pay Plan:  9-month Faculty  12-month faculty

#### Dates of Request:

I am requesting a modification of duties for (choose one):  fall  spring of (year) \_\_\_\_\_  
Estimated Date of Birth or Adoption: \_\_\_\_\_

### Supervisor\* Information (\*List the primary and secondary supervisors if a joint appointment exists)

Name (Primary Supervisor): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
College & Department: \_\_\_\_\_

Name (Secondary Supervisor): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
College & Department: \_\_\_\_\_

## Modified Instructional Duties—Part 2

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If this request is approved, I understand by initialing below that:

- \_\_\_ I understand modified duties are awarded to faculty at their request in lieu of paid parental leave.
- \_\_\_ I understand modified duties are not a reduction in FTE.

## Modified Instructional Duties—Part 2 (contd.)

- \_\_\_ I understand modified duties should be reflected on my annual assignment in order to be appropriately evaluated by my supervisor(s). (If modified duties are agreed to after the initial annual assignment is given, a new form is required.)
- \_\_\_ I understand this written agreement detailing the terms of this agreement and will become part of my permanent employment record.
- \_\_\_ I understand that if an employee is ineligible for the program or chooses not to use a modified work assignment or paid parental leave, the employee may request and shall be granted an unpaid parental leave not to exceed six months when the employee becomes a biological parent or a child is placed for adoption in the employee's home.
- \_\_\_ I understand this benefit is intended for instructional faculty only. To appeal for a change to my non-instructional assignment, a separate document must be attached with an outline of the proposed duties, including time frame, projected FTE on a project, and benefit to the university to be considered by my immediate supervisor and dean or unit head.
- \_\_\_ I understand any misuse of this benefit is cause for discipline up to and including termination.

## Modified Instructional Duties—Part 3

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Below is a detailed description of the agreed upon modified instructional duties requested. (PLEASE TYPE-attach additional sheets as necessary or required – see Part 2 above).

I agree to the terms of this document and attest that all information provided is true and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this form and support this modification to the assignment of the above faculty member.

Primary Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_