

WAYNE STATE
UNIVERSITY
COLLEGE OF LIBERAL ARTS
AND SCIENCES

Request for Modified Duties

Date

_____, from the Department of _____
_____ is requesting
Modified Duties for the _____ semester of the year _____.

The above request is being made for the following reason:

The modified duties will be:

I, _____, certify that I am a significant caregiver, as described in Article XIII.D.2.a of the WSU-AAUP/AFT Agreement.

Approved by:

Department Chair

Date

Associate Dean for Faculty Affairs, CLAS

Date

Ellen Barton, Associate Provost for Academic Personnel

Date