Georgia Institute of Technology

Request for Active Service: Modified Duties (ASMD)

Georgia Tech recognizes that a faculty member may need to construct a modified workload and flexibly schedule for a short time due to family commitments. These circumstances – which inhibit only the manner of work assignments and not the ability to undertake a full-time workload – include the birth or adoption of a child or the severe illness of a parent, spouse, or child. For an ASMD request to be approved, the faculty member must: (1) be a full-time academic faculty member with regular teaching duties (note that visiting and limited term faculty are not eligible for ASMD), (2) work at 100% during the ASMD period, and (3) outline additional duties that will be undertaken to make up for any reductions in typical service. The plan of proposed activities is developed in consultation with the School Chair (or appropriate unit supervisor) and the Dean's Office. The temporary replacement duties may be school/unit-based, college-based, or a combination of the two. This form is to be completed by the requesting faculty member. Signatures of relevant parties should be received via DocuSign; the fully signed and approved form must be submitted through TRACS for Vice Provost approval. Additional information can be located by clicking here.

_____   _____
Name   Title

_____   _____
School/Unit and College   Chair/Dean/Supervisor's Name

_____   _____
Semester(s) for Request   Previous Leaves

Click this box to include a request for a probationary period extension with this request for ASMD. It is expected that any pre-tenure faculty member utilizing the ASMD program will request an extension of the probationary period, which changes the year the faculty member is required to be reviewed, not the year when the faculty member is first eligible.

Please briefly describe the reason for the ASMD request.

Please describe the modified assignment, including the course name and course number for which you are seeking a release.

For Chair/Dean/Supervisor to complete: How will the teaching duties be covered, including estimated costs?

_____   _____
Faculty Member Signature / Date   School Chair (or Appropriate Supervisor) Signature / Date

_____   _____
IF NEEDED: Additional Supervisor Signature / Date   Dean Signature / Date