

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

For pre-tenure tenure-track faculty: A separate TRACS package must be submitted to request an associated probationary period extension. Any pre-tenure faculty member taking advantage of the ASMD program is expected to request this extension. This extension changes the year the faculty member must be reviewed, not the year they are first eligible for review.

Please briefly describe the reason for the ASMD request.

Please describe the specific course, including its name and course number, for which you are seeking a release. This description should detail how the faculty member will maintain a full 100% workload by taking on additional duties to replace the teaching responsibilities of the course.

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