**Workload Plan**

Name of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of period for which workload plan is relevant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Below is a proposed Workload Plan associated with a request for (check one or more)

\_\_ [Temporary Workload Modification](#_F._Temporary_Workload)

\_\_ Partial/intermittent [Medical Leave](#_A._Medical_Leave)

\_\_ Partial/intermittent [Caregiving Leave](#_E._Caregiving_Leave)

 The workload modifications I am requesting are (fill in):

*Examples of workload modifications may include (but are not limited to) replacing teaching with additional service; performing instructional or service activities remotely, rather than in-person; arranging with a colleague to cover class, advising, or service activities. Make sure to provide sufficient detail.*

I have discussed this workload plan with my chair/dean. I am aware of the need to supply other supporting documentation associated with the leave and/or duty modification that I am requesting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Chair’s Signature date Dean’s Signature date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Associate Vice Provost’s Signature (If more than 30 days) date