Request for COVID-19 related unavoidable delay to an approved Modified Alternative Workload scheduled to begin July 1, 2020

NAME: ____________________________

DEPARTMENT/SCHOOL: ____________________________ DEPT ID: ____________________________

FACULTY: ____________________________

ORIGINAL START DATE: ____________ ORIGINAL END DATE: ____________

REVISED START DATE: ____________ REVISED END DATE: ____________

Describe the impact of COVID-19 on the plan and why a change is required:
(to be completed by the faculty member)

Please describe the re-assigned teaching workload during the period of delay. Please also provide a comparison to the Normal Workload of the Academic Unit and the usual workload of this faculty member:
(to be completed by the Unit head)

A separate letter may be attached, but explicit answers to the above questions must be provided.

Signature of Applicant: ____________________________ Date: ____________

Signature of Dean or Designate: ____________________________ Date: ____________

Signature of Provost or Vice-Provost (APP&F): ____________________________ Date: ____________