

**MODIFIED ALTERNATIVE WORKLOAD DELAY FORM**

**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:

Print Form

Clear Form