

## Reduced Effort of 20% or Less for Academic Clinicians

Date

Chair of Department  
Address

Dear Dr. \_\_\_\_\_ ,

This letter is a formal request for \_\_\_\_% reduction in duties of my appointment as (Assistant/Associate/Full Professor) in the (Academic Clinician Track) of the \_\_\_\_\_ Department for the purpose of \_\_\_\_\_, for the period of \_\_\_\_ (Date) to \_\_\_\_ (Date).

I understand that a reduction in duties is always accompanied by a proportional reduction in salary and in those benefits, such as life insurance and retirement contributions, that are salary-based.

Please indicate your approval of my reduction in duties on the bottom of this letter as indicated.

Sincerely,

\_\_\_\_\_  
Faculty Name, Degree

\_\_\_\_\_  
Name, Chair of Department