



PERELMAN SCHOOL OF MEDICINE – Reduction in Duties Request Form

Faculty Name: _____

Department: _____

Current track: _____ Current rank: _____

_____ % Reduction in Duties requested.

Start date: _____

End date: _____ *

Purpose: (Faculty Handbook Policy II.E.2.)

*As stated in the Faculty Handbook Policy II.E.2., I understand that a reduction in duties may not exceed a total period of six years. In addition, 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.

Faculty Name, Degree

Date

Approved by:

Department Chair Signature

Date

Dean's Signature

Date

* A reduction in duties is granted only for whole years and must be approved by the Provost's Staff Conference. Reduction requests must be resubmitted annually for duration of Reduction.