**Active Service-Modified Duties (ASMD) Planning Template**

**Active Service-Modified Duties (ASMD) Information:** [ASMD Fact Sheet](https://facultyacademicaffairs.ucsf.edu/faculty-life/family-friendly-policies-and-resources/ASMD-Fact-Sheet.pdf)

Active service-modified duties is a period during which a faculty member’s normal duties are modified so that they may prepare for and/or care for their newborn child or a child under the age of 18 newly placed for adoption or foster care. At UCSF, ASMD are not requests for reductions in effort, they are only a modification of duties. However, requests for reduction in effort may be approved under other policies for family accommodations including parental leave without pay.

To be eligible, a faculty member must have a full time (100%) 12-month appointment and be responsible for 50 percent or more of the care of the child.

# Process

1. **Review** the [ASMD Fact Sheet.](https://facultyacademicaffairs.ucsf.edu/faculty-life/family-friendly-policies-and-resources/ASMD-Fact-Sheet.pdf)
2. **Identify qualifying circumstance** for requesting the modification of duties.

# Determine ASMD start and end dates.

1. **Describe** your current and proposed modification of duties.
2. **Meet and discuss the above proposed modification/s with your supervisor (e.g., ORU director, division chief) and department chair**; outline the agreed upon expectations for the modification of duties. Note: Modification of duties must not result in an overall reduction of effort. During a period of ASMD, a faculty member is on active service and expected to perform their usual duties with modifications as specified in the approved request. You should consult with your HR leave specialist if you have questions.
3. Once the terms have been agreed upon by the supervisor and/or chair, **fill out the request in Advance** for initiating the approval process.

How to find your HR leave specialist:

* + Visit https://hr.ucsf.edu/find-rep
	+ In the “Find Your HR Representative Search” box, enter your last name (or department name) and wait for pre-populated options to appear
	+ Select your name and press enter
	+ Search results will provide a list of your HR contacts including your leave specialist

# Request a modification of my duties (choose one):

New request

Extension to a previous request Amendment to an existing request

Faculty Member Name:

School: Choose one: Department:

Supervisor Name:

# ASMD Request

Eligibility for a period of active service-modified duties shall normally extend from 3 months before to 12 months after the birth of a newborn or the placement of a child for adoption or foster care.

# Choose one:

**Birth parent***:* Paid childbearing leave + ASMD = combined total cannot exceed 39 weeks

I am taking/have taken a paid **Childbearing Leave** for \_\_\_\_\_weeks

Date of Birth (projected or actual):

Last day of childbearing leave:

Total weeks requested for ASMD:

Start date: End date:

**Non-birth parent:** Paid childrearing leave + ASMD = combined total cannot exceed 13 weeks

 I am taking/have taken a paid **Childrearing Leave** for \_\_\_\_weeks

 Date of Birth/adoption/foster care placement (projected or actual):

 Last day of childrearing leave: Total weeks requested for ASMD:

Start date: End date:

During an approved period of ASMD, a faculty member is on active service and expected to perform their usual duties with modifications as specified in the approved request. For example, departments may accommodate ASMD requests by adjusting clinical schedules, teaching, conference attendance and/or faculty meeting attendance. When reviewing the faculty member’s request, the department chair will take into consideration the teaching, research, and clinical needs of the department before deciding whether to grant the request for ASMD.

Please describe your current and proposed modification of duties under the following domains as applicable. As a reminder, a modification cannot result in an overall reduction in effort.

# Do not include any sensitive or protected health information.

Clinical, if applicable

CURRENT PROPOSED

Research/creative activities, if applicable

CURRENT PROPOSED

Teaching, as applicable

CURRENT PROPOSED

University Service, as applicable

CURRENT PROPOSED

Administrative, as applicable

CURRENT PROPOSED

I certify that I am responsible for 50% or more of the care of my child under age 18.

I have discussed this request and terms with my immediate supervisor.