

Active Service-Modified Duties (ASMD) Request Form

Active Service-Modified Duties (ASMD) Information: [ASMD Fact Sheet](#)

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

Prior to filling out this form, you should:

1. **Review** the [ASMD Fact Sheet](#).
2. **Identify qualifying circumstance** for requesting the modification of duties.
3. **Determine ASMD start and end dates.**
4. **Describe** your current and proposed modification of duties.
5. **Meet and discuss the above proposed modification/s with your supervisor and/or 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. You should consult with your HR leave specialist if you have questions.
6. Once the terms have been agreed upon by the supervisor and/or chair, **provide the completed form with your signature to your HR leave specialist** for initiating the approval process.

How to find your HR leave specialist:

- Visit <https://hr.ucsf.edu/hr.php?function=hrrep>
- 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:

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 of the (2) qualifying circumstances below:

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

I did not take a paid childbearing leave under the Health Sciences Compensation Plan (HSCP)

I am taking/have taken a paid HSCP **Childbearing Leave** for _____ weeks

Date of Birth (projected or actual):

First day of childbearing leave:

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 did not take a paid childrearing leave under the Health Sciences Compensation Plan (HSCP)

I am taking/have taken a paid HSCP **Childrearing Leave** for _____ weeks

Date of Birth or placement of the child (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 hours. 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.

Text boxes are limited to 2310 characters each. 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

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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.

Faculty member signature

Faculty member (first name, last name)



HR leave specialist will route this document for all signatures listed below the dotted line

Department Chair/ORU Director
Name:
Approve Do not approve
Chair/ORU Director Comments:

V/A Dean Academic Affairs
Name:
Approve Do not approve
Dean Comments:

Vice Provost Academic Affairs
Name:
Approve Do not approve
VPAA Comments:

V/A Dean Staff Review: Recommend Do not recommend