**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

2018