

Absence from campus or the home work location for a period of more than two weeks while carrying out university-approved activities is called change of duty station. A change of duty station may be approved in instances such as grant responsibilities, opportunity of a prestigious fellowship in residence at another institution, or similar activities of benefit to the individual faculty member and the university. Approval of the provost or senior vice president and chief business officer, depending upon the reporting structure, on recommendation of the department head or chair and dean (or appropriate administrator) is required when such absences involve salary payment by university general funds, either in full or in part. Such authorization is usually not granted for longer than one semester. The host institution, agency, or sponsored project is expected to make a significant contribution toward the cost of the faculty member's salary and/or benefits. The provost or the senior vice president and chief business officer determines whether a change of duty station involving institutional salary support or leave without pay is appropriate to the circumstances.

Please submit this completed form to Faculty Affairs (facultyaffairs@vt.edu) for review and approval by the Office of the Executive Vice President and Provost.

Faculty Member Name	
Faculty Member Title	
Last 4 digits of Faculty Member VT ID Number	
Faculty Member Department	
Name and location of host institution, agency, or sponsored project	
Dates of absence	

Description of university-approved activities to be undertaken during the change of duty station. This may include a description of grant responsibilities, fellowship in residence at another institution, or similar activities. **If the faculty member is requesting a change of duty station for temporary remote work, please complete page 2 of this form.**

Faculty Member signature	Date
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Approvals:

Department Head signature	Date
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Department Head name (please print)	
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Dean signature	Date
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Executive Vice President and Provost signature	Date
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Please complete this page only if the faculty member is requesting a change of duty station for temporary remote work.

Start Date for Temporary Remote Work _____

End Date for Temporary Remote Work _____

Address of Remote Work Location _____

Street Address

City, State, Zip Code

Faculty members who are approved for a change of duty station to work remotely on a temporary basis are expected to fulfill all assigned responsibilities, including teaching, research and scholarly work, outreach, and service. In consultation with your department head, please provide a description of how these responsibilities will be met during the change of duty station for temporary remote work.

Faculty Member signature

Date