

The university recognizes the need for all tenured, tenure-track, continued appointment, and continued appointment-track faculty members to balance the commitments of family and work. Special family circumstances, for example, birth or adoption of a child, severe illness of an immediate family member, or even issues of personal health, can cause substantial alterations to one's daily routine, thus creating a need to construct a modified workload and flexible schedule for a period of time. Medical documentation is required if the period of modified duties is requested related to a health issue not addressed by sick leave.

Please attach a plan of proposed activities, developed in consultation with the department head or chair and the dean.

If the department head does not support this request, the reasons for denial shall be provided in writing, and the request is automatically forwarded to the dean for further review. If the dean does not support this request, the reasons for denial shall be provided in writing, and the request is automatically forwarded to the provost for further review.

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 _____

Faculty Member Department Head _____

Requested Period of Modified Duties _____

Reason(s) for modified duties

Funding amount requested by department head to support these modified duties \$ _____
(up to \$10,000 from provost; departments and colleges may need to supplement)

Please provide the fund and org number any approved funds should be transferred to:

Fund Number _____

Org Number _____

Proposed use of funds:

Amount approved by Provost \$ _____

 Faculty Member Signature

 Date

Approvals:

Approved
Not Approved

Department Head signature Date _____

Approved
Not Approved

Dean signature Date _____

Approved
Not Approved

Executive Vice President and Provost signature Date _____