

The university recognizes the need for all tenured and tenure-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. In general, the university's commitment is to work with a faculty member to devise a modified workload and schedule that enables the faculty member to remain an active and productive member of the department. Because there is no reduction in salary, the faculty member is expected to have a set of full- time responsibilities.

A semester of modified duties should be considered in addition to, not as a substitute for, any sick leave, family leave, and/or paid parental leave that may be available to a faculty member. Medical documentation is required if the period of modified duties is requested related to a health issue not addressed by sick leave.

Approval of the department head, chair, school director, and dean, and provost are necessary. If the department head or chair or school director does not support the request, the reasons for denial are provided in writing, and the request is automatically forwarded to the dean for further review.

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

Faculty Member Name \_\_\_\_\_

Faculty Member Title \_\_\_\_\_

**Last 7 digits** of Faculty Member VT ID Number \_\_\_\_\_

Faculty Member Department \_\_\_\_\_

Faculty Member Department Head \_\_\_\_\_

Requested Period of Modified Duties \_\_\_\_\_

Estimated date of arrival of child  
(where applicable) \_\_\_\_\_

Reason(s) for modified duties

Proposed use of funds developed in consultation with the department head, chair, school director and the dean:

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

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     \_\_\_\_\_

Amount approved by Provost     \$ \_\_\_\_\_

**Approvals:**

Approved ☐  
Not Approved ☐

\_\_\_\_\_  
Department Head, Chair, or School Director signature     Date

Approved ☐  
Not Approved ☐

\_\_\_\_\_  
Dean signature     Date

Approved ☐  
Not Approved ☐

\_\_\_\_\_  
Executive Vice President and Provost signature     Date