

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, sick leave, family leave and paid parental leave available to those giving birth or adopting during the period of the appointment (i.e., during the academic year for those on academic year appointments, or any time for those on calendar year appointments).

Subject to available funding, the Office of the Executive Vice President and Provost provides an allotment to the faculty member's unit to replace teaching (or to use in other ways relevant to the modification of duties) that is lost through the granting of a term of modified duties. Additional support from departments, schools, and colleges is strongly encouraged, and should be noted in this request.

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 Rank/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)

Description of any additional support from department, school, and college, if any:

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