This form is to be used in accordance with the Faculty Modified Duties Guidelines for the Interim COVID-19 Related Depended Care Modified Duties. Please email the completed form and related materials to the Provost’s Office at provost@wsu.edu. By completing this form, you attest that you have increased dependent care responsibilities related to COVID-19 as described.

|  |
| --- |
| **Employee Information** |
| **Print Name** | **WSU ID Number** |
| **College/School/Area** | **Department** |
| **WSU Email Address** | **Additional Contact Information** |

Requested period of Modified Duties (specific or approximate) \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

|  |
| --- |
| List dependents below and your relationship to them.  |
|  |

|  |
| --- |
| What percentage of dependent care are you responsible for?  |
|  |

|  |
| --- |
| Are there any exceptional circumstances to be considered as part of this request?  |
|  |

🗆 Attached is a plan of proposed modified duty activities.

The plan 🗆 has 🗆 has not been discussed with my Department Chair/Director/Dean.

*I understand I will continue to perform a full work load while participating in the modified duties process, if approved. In the event I find I need to reduce my work load and pursue a leave request I will contact the Provost Office and Human Resource Services (HRS) at* *hrs@wsu.edu* *regarding available leave options or related programs.*

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**Employee’s Signature Date**