

# WASHINGTON STATE UNIVERSITY

## Faculty Modified Duties Request Form

This form is to be used in accordance with the Faculty Modified Duties Guidelines.

Employee Information	
<b>Print Name</b>	<b>WSU ID Number</b>
<b>College/School/Area</b>	<b>Department</b>
<b>Campus Address</b>	<b>Campus Phone</b>

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

Reason for Request
<input type="checkbox"/> I am the primary care giver for a family member who requires assistance due to a serious health condition.
<input type="checkbox"/> I am the primary care giver for a family member who requires assistance as the result of being injured while in active duty for the armed services.
<input type="checkbox"/> I am the parent or in a parental role and share primary care giving responsibilities for a child who has recently entered the home.
<input type="checkbox"/> Please specify the reason for your request if the above selections are not appropriate
<i>I understand that 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 may not be able to perform the identified duties due to the need to work a reduced scheduled, I may need to pursue this as a leave request and will contact HRS immediately.</i>

Attached is a plan of proposed modified duty activities.

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

Attached is the medical information supporting my request.

**Medical records are not to be submitted or maintained at the department level.** All medical records are to be submitted to Human Resource Services.

Forms for medical leave can be found at: [hrs.wsu.edu/Disability Services](http://hrs.wsu.edu/Disability_Services) or by calling (509) 335-4521.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head/Chair/Director**

\_\_\_\_\_  
**Date**

**Approve**    **Deny**

\_\_\_\_\_  
**Dean/Vice President**

\_\_\_\_\_  
**Date**

**Approve**    **Deny**

\_\_\_\_\_  
**Provost**

\_\_\_\_\_  
**Date**

**Approve**    **Deny**

**Please submit completed form and materials to:  
HRS - 139 French Administration - campus zip 1014 - Fax 509-335-1259**