



WAYNE STATE
Office of the Provost

Request for Modified Duties

Date

_____, from the Department of _____, in the _____ is requesting Modified Duties for the _____ semester of the year _____.

The above request is being made for the following reason:

The modified duties will be:

I, _____, certify that I am a significant caregiver, as described in Article XIII.D.2.a of the WSU-AAUP/AFT Collective Bargaining Agreement.

Approved by:

Department Chair

Date

Dean

Date

Boris Baltes, Senior Associate Provost for Faculty Affairs and Associate Vice President of Academic Personnel

Date