

**WEST VIRGINIA UNIVERSITY
REQUEST FOR MODIFICATION OF DUTIES
BOARD OF GOVERNORS RULE 4.5**

**Full-time faculty who do not accrue leave are eligible for a [Modification of Duties under BOG Rule 4.5](#).

Faculty Member: _____

Department: _____

College/School: _____

Are you a full-time faculty member who does not accrue leave?

Yes No

*If you answered No, please contact your Chair/Director for other options.

Requested period of modified duties: _____ - _____

Please attach a plan of proposed activities (e.g., workload plan, memorandum of understanding, etc.), developed in consultation with the appropriate supervisor. Please note: The workload percentage of traditional classroom teaching should not be reallocated to other teaching or areas of contribution.

Rationale for the plan:

I have read [BOG Rule 4.5](#) and understand and agree to the provisions applying to my request. For these purposes, I understand that I will continue as a 1.00 Full-Time Equivalent faculty member.

BOG Rule 4.5 allows up to three extensions prior to your critical year. It also states that "An extension of the probationary period in no way limits the right of the University to terminate a probationary appointment prior to a faculty member's critical year, should circumstances warrant such action."

REQUEST FOR MODIFICATION OF DUTIES CONT.

In signing this, you are acknowledging that the change in your critical year does not result in automatic or de facto tenure. Your review during your critical year will be that normally conducted for faculty members seeking an award of tenure.

Utilization of modified duties automatically triggers an extension of the tenure clock (unless the modified duties request occurs in the critical year). If you would like to opt-out of the extension of your tenure clock, please check here:

Please note that the option to re-establish your critical year established in your offer letter normally can occur at any point up to the end of your fourth year.

Faculty Member's Signature _____
Date

Funding Requested by Chair/Director (if needed) to support this request: \$ _____

Proposed use of funds:

_____ Acknowledged

_____ Chair/Director Signature _____
Date

Amount approved: \$ _____

_____ Acknowledged

_____ Dean Signature _____
Date

_____ Approved

_____ Provost Signature _____
Date