![UC RIVERSIDE | Academic Personnel Office]

APPLICATION FORM
COVID Dependent Care Modified Duties
Creation Date: 11-12-20
Revision Date(s): 01-05--21

Use this form to apply for interim COVID-Related Dependent Care Modified Duties. After you complete and sign the form, please send the request to your Department Chair. The Department Chair will review the request, provide a recommendation, and route the request to the Dean via the Dean's office. The Dean will review the request, provide a recommendation and route the request to the Vice Provost for Academic Personnel (VPAP) via the Academic Personnel Office (APO) for a final decision.

Name _____

Department _____

Title (specify step) _____

List your dependents below. Specify their age and your relationship to them.

What percentage of their care are you responsible for? Explain your answer.

Describe how your working life has been affected by your status as a caregiver in the pandemic. Chairs and deans will be prioritizing the accommodation of junior faculty; if you are an Assistant or Associate Professor, include a discussion of how being a dependent caregiver in the pandemic has affected your career trajectory in particular.

To maximize your department's ability to accommodate your modified duties, please use the space below to specify what form you would like your modified duties to occur in (partial or full teaching relief? relief from service or advising? TA support? etc.). Please specify more than one option (and your order of preference), and in which academic terms you'd like to take them. If requesting teaching relief, please indicate which course(s) you would like relief for.

Exceptional circumstances:

Is your partner an essential worker? Do any of your dependents have special needs?

Do you share your dependent caregiver responsibilities with anyone else on campus? If so, will they be requesting Interim COVID-Related Modified Duties in the same quarter(s)? Explain.

REQUESTOR NAME   SIGNATURE   DATE

I support the request ☐ *I do not support the request* ☐

DEPARTMENT CHAIR NAME   SIGNATURE   DATE

I support the request ☐ *I do not support the request* ☐

DEAN NAME   SIGNATURE   DATE

Approved ☐ *Denied* ☐

VICE PROVOST FOR ACADEMIC PERSONNEL NAME   SIGNATURE   DATE