

# COVID Care Modified Duties (CCMD) Request Form

## COVID Care Modified Duties (CCMD Information:[CCMD Fact Sheet](#))

COVID care modified duties is defined as a period during which an academic appointee's usual duties are modified so that they may care for a dependent adult or child, including elder care and/or family members with disabilities. At UCSF, CCMD is not a leave of absence or a reduction in effort, but rather a modification of duties. Requests for a leave or reduction in effort should be considered under other policies for family accommodations.

To be eligible, academic appointees must have a full time (100%) 12-month appointment, be experiencing a COVID related increased need for dependent care, and certify that they are responsible for 50 percent or more of the care of the dependent adult or child. Eligible academic appointees include all faculty and non-faculty academic appointees who are under the purview of Academic Personnel Manual 760-28(a). This program does not apply to student titles or trainees.

### Process

Prior to filling out this form, you should:

1. Review the [CCMD Fact Sheet](#)
2. Identify your COVID-related increased need for dependent care for which you are requesting a modification of duties.
3. Request your CCMD start and end dates.
4. Describe your current and proposed modification of duties.
5. Meet and discuss the above proposed modification/s with your supervisor and department chair; outline the agreed upon expectations for the modification of duties. Note: Modification of duties must not result in an overall reduction of effort. You should consult with your HR generalist if you have questions.
6. Once the terms have been agreed upon by your supervisor and chair, download and provide the completed form with your signature to your HR generalist for initiating the approval process.

### How to find your HR generalist:

- Visit <https://hr.ucsf.edu/find-rep>
- In the "Find Your HR Representative Search" box, enter your last name (or department name) and wait for pre-populated options to appear

### Request a COVID care modification of my duties (choose one):

New request

Extension to a previous request

Amendment to an existing request

Faculty Member Name:

Supervisor Name:

School:

Department:

## CCMD Request

An approved period of CCMD shall extend for a period of up to thirteen weeks at which time the agreement may be reviewed and extended for an additional thirteen weeks, if the academic appointee continues to meet the criteria. The total period of CCMD may not exceed twenty six weeks. The CCMD program will be in effect at the time the policy is issued, and will continue through June 30, 2022 (FY22).

During a period of CCMD, academic appointees are on active service and expected to perform their usual duties, as modified by the terms of the approved request. For example, departments may accommodate CCMD by adjusting clinical schedules, teaching activities, conference attendance, and/or meeting attendance hours. When reviewing the academic appointee's request, the department chair will take into consideration the teaching, research, and clinical needs of the department before deciding whether to grant the request for CCMD.

Please describe your current and proposed modification of duties under the following domains as applicable. As a reminder, a modification cannot result in an overall reduction in effort.

**Text boxes are limited to 2310 characters each. Do not include any sensitive or protected health information. Please complete those sections for which you are requesting a modification.**

Clinical, if applicable

CURRENT

PROPOSED

Research/creative activities, if applicable

CURRENT

PROPOSED

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Teaching, as applicable

CURRENT

PROPOSED

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University Service, as applicable

CURRENT

PROPOSED

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Administrative duties, as applicable

CURRENT

PROPOSED

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I certify that I am responsible for 50% or more of the care of a dependent adult or a child.

I have discussed this request and terms with my immediate supervisor and chair.

Faculty member/NFA signature

Faculty member/NFA (first name, last name)



HR generalist will route this document for all signatures listed below the dotted line

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Department Chair/ORU Director/EVCP Unit Director  
Name:  
Approve      Do not approve

Chair/ORU Director/EVCP Unit Director Comments:

V/A Dean Academic Affairs  
Name:  
Approve      Do not approve

Dean Comments:

Vice Provost Academic Affairs  
Name:  
Approve      Do not approve

VPAA Comments:

Executive Vice Chancellor/Provost (if applicable)  
Name:  
Approve      Do not approve

EVCP Comments: