

TO: Dean of Faculty

FROM: _____

DATE: _____

SUBJECT: *Request for Reassigned Time*

A request is made for the following Reassigned Time:

Faculty Member: _____

Semester: _____

Contact Hours: _____

Purpose:

It is understood that a status report on the activities/progress made during the authorized reassigned time will be provided by the end of the semester in which the Reassigned Time was granted.

- Request Approved
- Request Denied

Reason:

Dean of Faculty

Date

Chief Executive Officer

Date

(Upon signature, copies of this request are returned to the faculty member, supervisor, and department for workload entry)