Workload Reassigned Time Request Form

Request for ALL reassigned time except 3 hours for Department Head and 3 hours for terminal degree.
Follow the Faculty workload guidelines from the Office of Academic & Student Affairs.

Department: Term:

						To Be Completed by VPASA	
Name	Banner ID	Brief explanation (full documentation MUST be attached)	Research Hours	Admin-istrative Hours	Other Hours	Approved	Not Approved

Department Head Signature

Dean Signature

Vice President of Academic & Student Affairs Signature

This form is due prior to the completion of the class schedule. Hand deliver signed forms to the Office of Institutional Research & Effectiveness, BBC 405.