

# Workload Reassigned Time Request Form

Request for ALL reassigned time except 3 hours for Department Head and 3 hours for terminal degree for rank of Asst Professor or higher.  
Follow the Faculty workload guidelines from the Office of Academic Affairs.

Department: \_\_\_\_\_

Term: \_\_\_\_\_

|      |           |  |                   |                              |                | To be completed by Provost |                 |
|------|-----------|--|-------------------|------------------------------|----------------|----------------------------|-----------------|
| Name | Banner ID | Brief explanation<br>(full documentation MUST be attached) | Research<br>Hours | Admin-<br>istrative<br>Hours | Other<br>Hours | Approved                   | Not<br>Approved |
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\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Provost & Vice President of Academic Affairs

This form is due prior to the start of the semester. Hand deliver completed forms with **ALL** signatures to the Office of Institutional Research, BBC 405.