

Request for Reassigned Time (Append to FPA)

Name: _____

Definition: Reassigned time is defined as any activity that reduces the teaching workload of anyone holding faculty rank to less than 12 workload units of Teaching per semester.

Type of Reassignment: ___ Teaching, Advising & Mentoring ___ Research & Creative Activity
 ___ Service

Amount of Reassignment in workload hours: _____ hours

Duration: ___ One semester (Fall or Spring) ___ Academic Year (Fall and Spring)
 ___ Every semester (Fall, Spring, and Summer)

Reason for Reassignment: (Please be specific)

List of Expected accomplishments:

How accomplishments will be measured:

Approved by: Faculty _____ Date _____

Department Chair _____ Date _____

Dean _____ Date _____