

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: ___ # of semesters (all or Spring & ___ Academic Year (all and Spring &
___ (very semester, all, 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 _____