

# Request for Funding by Reassigned Time

1. **Term in which assignment would begin**

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2. **Application Date**

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*Example: December 15, 2012*

## Overview

3. **Type of request**

*Check all that apply.*

- new request for reassigned time
- renewal of existing reassigned time
- augmentation to existing reassigned time
- a revision to a previously submitted application

4. **Position or project name**

Identify the type of assignment (faculty leadership, coordinator, research, etc.) - one line description

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## Amount of Reassignment

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Please report the amount of FTE you are requesting for each term and calculate the total annual FTE.

Calculations:

0.2 FTE (3 units) = 7.5 hrs/week or approximately 120 hrs/semester

Each additional unit (0.067 FTE) represents an additional 2.5 hrs/week

5. **Fall (FTE)**

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6. **Spring (FTE)**

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7. **Total Annual FTE**

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**8. Duration of Reassignment**

How many semesters of reassigned time are being requested? When is the end date? (Please note that if request exceeds two years, a renewal Request for Funding will be required.)

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**9. Commitment**

Upon completion of the reassignment term, *Check all that apply.*

- The work is complete and no further investment of reassigned time is required
- The work will require an on-going commitment of reassigned time or other long-term staffing

**10. How will the part-time faculty replacement costs be funded?**

*Mark only one oval.*

- Fund 1 PT faculty allocation
- Grant funding
- Categorical funding
- Other: .....

**Justification**

**11. Identify the duties to be performed and explain why they require reassigned time.**

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**12. Identify how the activities align with the college's strategic plans and initiatives.**

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**13. Provide evidence that the quantity of reassigned time is justified by the workload.**

This might be accomplished by providing a schedule of work to be performed during a typical week. (1 unit = 2.5 hrs/week)

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**14. Nature, number and frequency of meetings**

complete if applicable

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**15. Number of faculty directly served by this position annually**

complete if applicable

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**16. Number of students directly served by this position annually**

complete if applicable

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**17. Accountability**

Describe how the activities performed under this assignment will be recorded or reported.

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