

Faculty Reassign Time Proposal

Reassign Time must be approved prior to the beginning of the assignment. At the end of the approved assignment, written documentation of services performed, special projects completed, or implementation of new initiatives must be submitted to the Associate Vice President/ Dean and Provost/Vice President of Workorce Development & Health Sciences. **Approved reassign time must be integrated into the Faculty Member's Performance Management Process.

Template must be downloaded prior to completion and e-signature.

Date	Semester Requested
Faculty Name	Proposed Reassigned Time Load
Total Semester Instructional Load	Total Semester Student Enrollment
Project Start Date	End Date
Does the faculty member have any approved stipends for the semester? Yes No If yes, provide amount and detail of stipend(s):	
Committees, Work Groups, other College Service in which the faculty member is actvely participating.	
Reassign Time Rationale – Continue on next page if more space is needed	

Example: Provide detailed description and purpose of work to be performed, reason for reassign time, benefit to the College, how the responsibilities of this project/ proposal/assignment exceed regular faculty duties and how this is an additional assignment. Include the proposal outcomes/product/services.

Continue ---→ Next Page

Approvals

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Faculty Member

Signature

AVP/Dean/Associate Dean

Signature

Signature