Request for Faculty Non-Recurring Reassignment Time/Supplement

Submission Date _____ Start Date _____ End Date _____

Employee _____ SFC ID # _____ Division/Department _____

Faculty Category ☐ 9-month Faculty ☐ 210 Day Contract

☐ 12-month Faculty ☐ Adjunct

Activity/Project Category ☐ Administrative/Supervisory Instructional ☐ Curriculum Development

☐ Administrative/Supervisory NON-Instructional ☐ _____

☐ Reassigned Time Amount of Time Requested _____

☐ Stipend Stipend _____ Account _____

Description of Activity, Project or Initiative	List of Outcomes and/or Deliverables

Approvals:

Employee Signature _____ Date _____

Chair/Director _____ Date _____

Associate VP _____ Date _____

VP _____ Date _____

Human Resources Officer _____ Date _____

President _____ Date _____

Office for Finance (only if stipend request) _____ Date _____

If outcomes and/or deliverables were not accomplished, this form is to be completed one week following the end of the specified timeline and filed in the associate vice president's office.

List Outcomes and/or Deliverables Still To Be Completed — Due Date

_____ _____

_____ _____

_____ _____

Employee's Signature _____ Date _____

Chair/Director Approval _____ Date _____

Date filed with Human Resources _____