Request for Faculty Recurring Reassignment Time/Stipend

Submission Date	Start D	ate	End Date
Employee	SF ID #	Division/[Department
Faculty Category	9-month Faculty	210 Day Contract	
	12-month Faculty	Adjunct	
Activity/Project Category	Administrative/Superv	isory Instructional	Curriculum Development
	Administrative/Supervisory NON-Instructional		
Reassigned Time	Amount of Time Reques	sted	
Stipend	Stipend Cost	Account Number	

List of Outcomes and/or Deliverables

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
Due Date