

Request for Faculty Recurring Reassignment Time/Stipend

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 Cost Account Number

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 _____