

Request for Faculty Non-Recurring Reassignment Time/Supplement

Submission Date	Start Date	End Date
Employee	SF 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 _____