Adjusted-Workload Reassigned Time Request Form

Request for changes, additions, and deletions to be made to the original Workload Reassigned Time Request Form.
Follow the Faculty workload guidelines from the Office of Academic Affairs.

Department: Term:

						To Be Completed by VPAA	
Name	Banner ID	Brief explanation (full documentation MUST be attached)	Research Hours	Admin-istrative Hours	Other Hours	Approved	Not Approved

Department Head Signature Dean Signature Vice President of Academic Affairs Signature

This form is due each semester by the end of late registration. Hand deliver signed forms to the Office of Institutional Research, BBC 405.