Workload Reassigned Time Request Form

Request for ALL reassigned time except 3 hours for Department Head and 3 hours for terminal degree.
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 prior to the completion of the class schedule. Hand deliver signed forms to the Office of Institutional Research, BBC 405.