

# Request for Reassignment Proposal

*Instructions: Complete the following form, ask your dean to review and sign, and then submit it to the Office of Instruction. You can use the Tab key to move through the form fields.*

1. Term in which assignment would begin (*semester, year*) fall 2015
2. Application Date (*mm/dd/yyyy*) Feb 17, 2015
3. Author(s) Ronda Chaney

## **Overview**

4. Type of Request:
  - New request for reassignment
  - Renewal of existing reassignment
  - Augmentation to existing reassignment
  - Revision to a previously submitted application
5. Position or Project Name:  
*Identify a "one line" description of the type of assignment (faculty leadership, coordinator, research, etc.)*  
coordinator

## **Amount of Reassignment**

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE. Calculations:  $\frac{1 \text{ semester} (3 \text{ units}) = 7.5 \text{ hrs/week or approx 0.25 FTE}}{\text{semester}}$   
additional unit (0.067 FTE) represents an additional 2.5 hrs/week

6. Fall (FTE) 0.20      Spring (FTE) 0.20      Total Annual (FTE) 0.40
7. Duration of Reassignment  
*How many semesters of reassigned time are being requested? When is the end date? (Please note that if the request exceeds two years, a renewal RRP will be required.)*  
Dec 2016
8. Commitment  
*Upon completion of the reassignment term:*
  - The work is complete and no further investment of reassigned time will be required.
  - The work will require an ongoing commitment of reassigned time or other staffing.
9. How will the part-time faculty replacement costs be funded?
  - Fund 1 PT faculty allocation
  - Grant funding, please specify
  - Categorical funding, please specify
  - Other, please specify

## **Justification**

10. Identify the duties to be performed and explain why they require reassigned time.

All the following fall outside of contract duties:

1. Special activities/productions such as Artistry in Fashion, Student Fashion Show, Awards Ceremony, Curriculum Lunches, Design Contests,
2. Advisory Board Meetings --
2. Supervised student labs --

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3. Coordinating assisstant work --
  4. Student advising --
  5. Outreach & articulation with other schools --
  6. Partnerships with apparel industry & advisory committee --
11. Identify how the activities align with the college's strategic plans and initiatives.  
Equipping students with the knowledge for jobs or transfer, Encouraging completion of degrees/certificates, Many of the above mentioned activies work toward community connections,
12. Provide evidence that the quantity of reassigned time being requested is justified by the workload.  
*This might be accomplished by providing a schedule of work to be performed during a typical week. (1 unit = 2.5 hours per week)*
1. Special activities such as Artistry in Fashion, Student Fashion Show, Awards Ceremony, Curriculum Lunches, Design Contests, Advisory Board Meetings -- 3 hrs/wk
  2. Supervised student labs -- 5 hrs/wk
  3. Coordinating assisstant work -- 3 hrs/wk
  4. Student advising -- 2 hrs/wk
  5. Outreach & articulation with other schools -- 2hrs/wk
  6. Partnerships with apparel industry & advisory committee -- 1 hr/wk
13. Nature, number and frequency of meeting (*if applicable*) My coordinating work is at least 5 days each week and some each weekend also.
14. Number of faculty directly served by this position annually (*if applicable*) 7 adjunct faculty
15. Number of students directly served by this position annually (*if applicable*) 350 -- 500

### **Assessment**

16. Outcomes  
*List the outcomes that can be expected upon completion of the term of reassignment.  
For the fashion program to run smoothly, classes filled, students working toward completion,*
17. Accountability  
*Describe how the activities performed under this assignment will be recorded and reported.  
BiAnnual Review, Dean's evaluation*

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Administrative Use Only

### **Dean's Review:**

- Fully support request  
 Support with reservation  
 Do not support (explanation required)

Explanation:

### **VPI Action:**

- |  |   |
|--|---|
| <input type="checkbox"/> Approve request as submitted                      | <input type="checkbox"/> Deny request with recommendation to revise |
| <input type="checkbox"/> Approve request but with less time than requested | <input type="checkbox"/> Deny request (explanation required)        |

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Explanation:

Recommendation for alternate funding:

- Professional Development
- Grant/Categorical (specify)
- Overload hourly special project
- Stipend

- President's Innovation Fund
- Trustees Fund for Program Improvement
- Short-term hourly staff

Comments:

Approved Duration of Assignment:

\_\_\_\_\_

Outcomes and reporting requirements:

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