

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*) Spring 2015
2. Application Date (*mm/dd/yyyy*) 2/19/2015
3. Author(s) Lale Yurtseven

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.)

Leadership of the new entrepreneurship and small business center at Cañada College

Amount of Reassignment

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE. Calculations:

additional unit (0.067 FTE) represents an additional 2.5 hrs/week

0.2 FTE (3 units) = 7

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.)

The anticipated end date is at the end of Fall 2016, a total of 4 semesters.

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.

The faculty member will provide leadership to establish a new entrepreneurship center. Some duties involve managing the creating of marketing materials, organizing and leading campus-wide events, counseling aspiring entrepreneurs during office hours.

11. Identify how the activities align with the college's strategic plans and initiatives.

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Establishing an entrepreneurship and small business center has been approved by the leadership team at Cañada College. The center will help students pursue pathways in establishing business ownership or a career in entrepreneurship. It will also help Cañada College increase interest in CTE programs.

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)
The faculty member will set office hours for counseling aspiring students and community member entrepreneurs and business owners. Leading and organizing marketing materials, website, and events, attending off campus events, training and conferences, collaborating with other departments and industry will require a minimum of 7.5 hours from the faculty member.
13. Nature, number and frequency of meeting *(if applicable)*
14. Number of faculty directly served by this position annually *(if applicable)*
15. Number of students directly served by this position annually *(if applicable)*

Assessment

16. Outcomes
List the outcomes that can be expected upon completion of the term of reassignment.
Provide students with a new career pathway
Increase community interest in Cañada College
Have marketing materials available for distribution of the center
A newly created website for the center
Campuswide events
17. Accountability
Describe how the activities performed under this assignment will be recorded and reported.
All activities will be shared campus-wide and reported to the division dean and VPI.
Outcomes will prove that activities have been performed.

Administrative Use Only

Dean's Review:

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

Explanation:

VPI Action:

- ☐ Approve request as submitted
☐ Approve request but with less time than requested
- ☐ Deny request with recommendation to revise
☐ Deny request (explanation required)

Explanation:

Recommendation for alternate funding:

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

Comments:

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

Approved Duration of Assignment:

Outcomes and reporting requirements:
