*Instructions: Complete the following form, ask your Dean to review and sign, and then submit it to the Office of Instruction.*

1. **Term in which assignment would begin *(semester, year)*:** Click here to enter text.
2. **Application Date *(mm/dd/yyyy):*** Click here to enter text.
3. **Author(s):** Click here to enter text.

**Overview**

1. **Type of Request:**

[ ]  New request for reassignment

[ ]  Renewal of existing reassignment

[ ]  Augmentation to existing reassignment

1. **Position or Project Name:**

Identify a “one line” description of the type of assignment (faculty leadership, coordinator, research, etc.) Click here to enter text.

1. **Amount of Reassignment**

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE. Calculations:  0.2 FTE (3 units) = 7.5 hrs/week or approximately 120 hrs/semester.  Each additional unit (0.067 FTE) represents an additional 2.5 hrs/week

Fall *(FTE)*    Spring *(FTE)*  Total Annual *(FTE)*

1. **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.)*

Click here to enter text.

1. **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.

**Justification**

1. **Please list the core responsibilities to be performed and calculate the approximate number of hours per week required to perform each. *(1 unit = 2.5 hours per week)***

 Click here to enter text.

1. **The following responsibilities are included as part of faculty workload and can be found** [**here**](https://www.canadacollege.edu/ipc/Appendix_D1.pdf)**. Please explain how the duties for which you are requesting reassigned time are different from those enumerated in Appendix D1.**

Click here to enter text.

1. **Identify how the activities align with the college’s strategic plans and initiatives. *(Please limit response to 250 words).***

Click here to enter text.

**Assessment**

1. **Outcomes**

List the outcomes that can be expected upon completion of the term of reassignment. *(Please limit response to 250 words)*

Click here to enter text.

1. **Accountability**

Describe how the activities performed under this assignment will be recorded and reported.

Click here to enter text.

|  |
| --- |
| **Administrative Use Only** |

**Dean’s Review:**

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

Explanation: Click here to enter text.

**Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VPI Action:**

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

Explanation:   Click here to enter text.

**VPI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation for alternate funding:**

|  |  |
| --- | --- |
| [ ]  Professional Development | [ ]  President’s Innovation Fund  |
| [ ]  Grant/Categorical (specify) | [ ]  Trustees Fund for Program Improvement |
| [ ]  Overload hourly special project | [ ]  Short-term hourly staff |
| [ ]  Stipend |  |

Comments: Click here to enter text.

Approved Duration of Assignment:  Click here to enter text.

Outcomes and reporting requirements: Click here to enter text.