



## **RENEWAL/REVISION Reassigned Time Requests for Faculty Coordinators**

Instructions: Complete the following form, ask your Dean to review and sign, and then submit it to the Office of Instruction. For information about the timeline and process for determining selection of faculty coordinators see [Reassigned Time Process webpage](#).

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1. Term in which renewed assignment would begin (semester, year):
2. Application Date (mm/dd/yyyy):
3. Author(s):
4. Position or Project Name:
5. Identify how the activities align with the college's [Educational Master Plan](#) and/or initiatives (for example, Guided Pathways, CTE, etc). (Please limit response to 250 words).
6. Amount of Reassigned Time You Currently Receive:
  - Is the amount of reassigned time adequate for completion of your assignment/project/activities?    Yes    No
  - If No, what is the requested amount?  
*Please provide your justification using the questions below.*

7. Provide a brief, but specific, summary of your accomplishments, justifications for additional time, and/or challenges during your term. Limit to 1-2 pages. Additional materials, such as flyers for events, can be attached.

*If you need more space, continue your response in the text box on the next page.*

*Continue your response to Question 7 below if you need to.*

8. How would your program be impacted if this position is not continued?

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*Administrative Use Only*

Dean's Review:

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

Explanation:

Dean Signature: