Request for Reassigned Time (Append to FPA)

Name:____________________________________

**Definition:** Reassigned time is defined as any activity that reduces the teaching workload of anyone holding faculty rank to less than 12 workload units of Teaching per semester.

**Type of Reassignment:**
- _____Teaching, Advising & Mentoring
- _____Research & Creative Activity
- _____Service

**Amount of Reassignment in workload hours:** ________ hours

**Duration:**
- _____One semester (Fall or Spring)
- _____Academic Year (Fall and Spring)
- _____Every semester (Fall, Spring, and Summer)

**Reason for Reassignment:** (Please be specific)

List of Expected accomplishments:

How accomplishments will be measured:

Approved by:
- Faculty _____________________________ Date __________
- Department Chair ______________________ Date __________
- Dean ________________________________ Date __________

8/29/2016