

# Request for Extension of Reassigned Time or Stipend

- Department Chair
- Coach (Athletic or Performing Arts)
- Special Assignment



## Winter or Summer Intersession

References: Faculty Contract 10.M.4, Appendices B, D and E

Professor \_\_\_\_\_ Request Date \_\_\_\_\_

E-mail \_\_\_\_\_ Office \_\_\_\_\_ Phone \_\_\_\_\_

Winter Intersession (due to Dean by October 1)       \*\*Summer Intersession (due to Dean by May 1)

**Check One:**

Department Chair

Coach

Special Assignment

Title: \_\_\_\_\_

Manager of Reassigned Time \_\_\_\_\_

Manager of Professor's regular assignment \_\_\_\_\_

**DEPARTMENT CHAIR:** Intersession assignment is **1 LHE** for 42.67 hours of work with at least 18 of those hours spent on campus.

**SPECIAL ASSIGNMENT OR COACH:** Annual Reassigned LHE \_\_\_\_\_ Intersession Reassigned Time (10%) \_\_\_\_\_

**\*\*Rationale for Summer Intersession**

**Complete for Summer or Winter Requests:**

**Anticipated schedule for the assignment:**

*Include dates/times you will be available on and off campus; availability and contact information. (Expand as necessary.)*

Continue on the next page...

**Summary of goals/projects that will be completed during the intersession assignment:**

*Please be specific. The nature and scope of the projected assignment should be commensurate with the reassigned time available.*

**Signatures:** (Approval requires signatures from all affected managers.)

Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of Faculty Reassignment for the Intersession:**

Manager of Reassigned Time: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

Division Office

Instruction Office by October 1/May 1.