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.