

REQUEST FORM FOR ADMINISTRATIVE ASSIGNMENTS

Year: Semester:

Name: _____ Department: _____

ADMINISTRATIVE ASSIGNMENTS ARE APPROVED ONE SEMESTER AT A TIME.
EACH SEMESTER A NEW APPROVAL FORM MUST BE SUBMITTED.

Deadline dates for submissions: FALL – MAY 15; SPRING – NOVEMBER 15; SUMMER – APRIL 30

Title or Brief Description of Request:

Amount of Release Time Requested: Inload: Overload:

This request is [check one]:

Ongoing One Semester Only First – Two Semesters Only Final - Two Semesters Only

If **ongoing** or the **final of two semesters** indicate number of contact hours previously approved:

I agree to provide a written report outlining my accomplishments in regard to this project.

Signature of Faculty Member Date

Administrative Approvals:

Signature of Academic Department Chair Date

Signature of Academic Dean Date

Signature of Academic Vice President Date

Disapproved

Approved [number of contact hours] _____ Semester: _____

Approved as [check one]:

Ongoing One Semester Only First – Two Semesters Only Final - Two Semesters Only

Note:

- Written reports regarding completed projects must be submitted prior to submission of recurring requests.
- Written reports are due the **last day of the semester** for which the release time is given.

Cc: Dean
Faculty Member

Supporting Documentation
(Not necessary for Ongoing Projects)

1. Project Title.
2. Goals and objectives for this proposed project.
3. Outline the duties and responsibilities that justify release-time or a stipend.
4. Specify the length of the project and the amount of release-time or stipend being sought.
5. Detail the outcomes that are expected. If other funds are required (e.g., travel, professional development), provide a detailed description of the total budget.
6. List any other requests and/or submit as a packet.