

Arkansas State University

REQUEST FOR REASSIGNMENT FROM TEACHING TO OTHER DUTIES

College: \_\_\_\_\_ Dept: \_\_\_\_\_

Faculty member requesting reassignment: \_\_\_\_\_

Has your report for most recently completed reassignment been submitted? \_\_\_\_\_

Semester(s) reassignments requested: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ BOTH \_\_\_\_\_ YEAR \_\_\_\_\_

This request involves:

Research \_\_\_\_\_ Creative Project \_\_\_\_\_ Services \_\_\_\_\_ Administration (if not part of appointment) \_\_\_\_\_

Credit Hours requested to be reassigned \_\_\_\_\_

Name of project/assignment and very brief description:

If this reassignment is dependent upon a reduction in course offerings, briefly explain how students' needs will be met.

If this reassignment is dependent upon appointing a part-time instructor to cover a class section, briefly explain.

Faculty member's annual salary \$ \_\_\_\_\_

Salary required to hire part-time replacement: \$ \_\_\_\_\_ Source of Funds \_\_\_\_\_

Have you requested ABI funding? \_\_\_\_\_ If approved, will portion of salary be funded? \_\_\_\_\_

APPROVAL:

Department Chair: \_\_\_\_\_

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

College Dean: \_\_\_\_\_

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

Dean: Has your evaluation of the most recently completed reassignment been submitted to RAA in support of your recommended approval? \_\_\_\_\_

Approved by VCRAA? Yes \_\_\_\_\_ No \_\_\_\_\_ VCRAA \_\_\_\_\_ DATE \_\_\_\_\_