Assigned Time Request

Faculty Only

TO BE COMPLETED BY DEPARTMENT: Initial

Faculty Name: _____ Beginning Term: _____

College / Dept: _____ Duration: One Semester

Requested W.T.U.'s released: _____

Does this release time require a part-time hire? ☐ Yes ☐ No

*Funding Source -Account or Cost Center: _____

*Purpose:

_____

_____

*Please attach any supporting documents relating to funding source and/or purpose. (Ex: Copy of grant budget)

Confirmation Signatures

_____ Date _____

Faculty Member ↑

_____ Date _____

Department Chair ↑

(Only approving release time for this period)

APPROVAL and DATA Entry
Dean's Office Use Only

_____ Date _____

Dean /Associate Dean ↑

Assigned Time Code: _____ Description: _____

Updated: _____

Scanned & Emailed: