

REQUEST FOR FACULTY STIPEND OR RE-ASSIGNED TIME

Submit this form to your representative on the Faculty Stipends & Re-assigned Time Committee
at least four weeks prior to the anticipated start date

Project or Activity Title: _____ Today's Date: _____

Recommended faculty appointee: _____

(Indicate for each faculty their full time or part time status)

Begin Date: _____ End Date: _____

Stipend Amount Requested: _____ Re-assigned Time Requested: _____

(Round up to nearest dollar)

(hour, day, week, semester, academic year, TLU)

Funding Source: _____ Funding Type: _____

Division/Department(s): _____ Campus: _____

Reporting Supervisor: _____ Supervisor Signature: _____

(Print or type name)

Please provide the following details. Attach an extra sheet if necessary.

- a. Job Title
- b. Job Description; List the specific tasks, duties, and responsibilities.

c. Expected outcomes, products, deliverables, tangible goals or results.

d. If an internal search, provides qualifications and describe application process.

This Section For Faculty Stipends & Re-Assigned Time Committee Use Only

CRFO President's Name / Signature & Approval Date: _____

Administrator Authorized to Approve Name / Signature & Approval Date: _____

Board of Trustees Consent Calendar Date: _____

Revised 10/2024