

## 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:

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Recommended faculty appointee:  
*(Indicate for each faculty their full time  
or part time status)*

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Start Date:

End Date:

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Stipend Amount Requested:  
*(Round up to nearest dollar)*

Re-assigned Time Requested:  
*(Hour, day, week, semester,  
academic year, TLU)*

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Funding Source:

Funding Type:

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Division/Department(s):

Campus:

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Reporting Supervisor:

Supervisor Signature:

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**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, provide 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: \_\_\_\_\_