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)

Internal Search

Start Date:

End Date:

Stipend Amount Requested:
(Round up to nearest dollar)

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

Funding Source: Auxiliary

Funding Type:

Division/Department(s):

Campus:

Reporting Supervisor:

Supervisor Signature:

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: _____