



The Tenure and Full Time Faculty Request for Assigned and Reimbursed Time (RART) process is designed as a part of the management and tracking of faculty workload and applicable reimbursement for the Academic Year.

### Routing Steps

#### 1. DEPARTMENT ASC CREATES RART FORM

- 1.1. Obtain faculty signature
- 1.2. Obtain Department Chair signature
- 1.3. Route to Dean's Office

#### 2. DEAN REVIEWS AND APPROVES FORM

- 2.1. Send copy of approved form to Provost's Office
- 2.2. Send copy of approved form to department

#### 3. DEPARTMENT ASC ENTERS FORM DATA INTO PICWEB

- 3.1. All entries must include funding information
- 3.2. If no external funds are being used, input department chartstring plus G062 program code. *\*Note: Only WTUs containing the above program code will be reimbursed by the Provost's Office part time faculty funds.*

#### 4. DEPARTMENT ASC PREPARES WORKLOAD REPORT

- 4.1. All workload reports must have RART form attached as back up.
- 4.2. Send completed workload report plus RART forms to Faculty Affairs for APDB reporting.

*Full process must be complete no later than 10 days after Spring Census.*



# Academic Affairs

Tenure Track and Full Time Faculty Request for Assigned and Reimbursed Time  
*Full process must be complete no later than 10 days after Spring Census*

## Section I. Instructor Information

Date:		Assigned Time Code:	
Instructor Name:		Department:	
Number of Units Requested:		Term and Year:	

## Section II: Description of Duties

Attach copy of appointment email/letter
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## Section III: Funding

Funding Source: <i>(Department, University, External, etc.)</i>	
Funding Source Account Number: <i>(Fund, Account, Program, Class)</i>	
Percentage of Funding:	

Secondary Funding Source: <i>(Department, University, External, etc.)</i>	
Secondary Funding Source Account Number: <i>(Fund, Account, Program, Class)</i>	
Percentage of Funding:	

## Section IV: Approvals

Faculty Name:			
Faculty Signature:		Date:	

Does this request require the hiring of a replacement instructor?			
Dept. Chair Name:			
Dept. Chair Signature:		Date:	

College Dean Name:			
College Dean Signature:		Date:	

Approved:	Denied:
If release time is denied, provide justification below:	