



Tenure Track and Full-Time Faculty
Request for Assigned and Reimbursed Time

Today's Date:	<input type="text"/>	Term and Year:	<input type="text"/>
Number of Units Requested:	<input type="text"/>	Department:	<input type="text"/>
Instructor:	<input type="text"/>	Assigned Time Code:	<input type="text"/>
List Source of Funding: (Department, University, External, etc.)	<input type="text"/>	Funding Source Account Number:	<input type="text"/>

Provide a concise description of proposed assigned and reimbursed time responsibilities:

Faculty Member: _____ Date: _____

Department Chair: _____ Date: _____ Approved Denied

College Dean: _____ Date: _____ Approved Denied

Provost: _____ Date: _____ Approved Denied