



## Academic Affairs

Tenure Track and Full Time Faculty Request for Assigned and Reimbursed Time  
One form per Academic Year (AY) or Semester for each activity

### Section I: Instructor Information

Date:		AY 20__ - 20__	Fall:	Spring:
Instructor Name:				
Department:				
Total Number of Units Requested:		Assigned Time Code:		

### Section II: Description of Duties

Provide a concise description of proposed and reimbursed time responsibilities: <i>*If form is for full AY, specify how many units per semester are being requested</i>

### 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:

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*Individual faculty workload reports listing assigned and reimbursed time assignments must be accompanied by this form, supporting the assigned time reflected in the report.*