

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)

Begin Date: _____ End Date: _____

Stipend Amount Requested: _____ Re-assigned Time Requested: _____
(Round up to nearest dollar) (hour, day, week, semester, academic year, TLU)

Funding Source: _____ Funding Type: _____

Division/Department(s): _____ Campus: _____

Reporting Supervisor: _____ Supervisor Signature: _____
(Print or type name)

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, provides 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: _____