FACULTY REASSIGNMENT GUIDELINES
DIVISION OF ACADEMIC AFFAIR
REASSIGNMENT FOR ADMINISTRATIVE DUTIES/SPECIAL PROJECTS
(DOES NOT INCLUDE DEPARTMENT CHAIRS OR ASSOCIATE DEANS)

1) Deans may recommend faculty reassignments for administrative duties and/or special projects provided there is a demonstrated significant need for a reassignment to perform this work. The Dean is expected to articulate a compelling need for this reassignment to the Provost.

2) Administrative/special project reassignments will not reduce program SCH expectations or necessary student classroom opportunities.

3) By the first day of the term (Fall, Spring, or Summer) following a one-semester reassignment, or June 1 for reassignments spanning the entire academic year, the faculty member must submit a report to the Chair summarizing the administrative or special project activities and outcomes.

4) The Chair will provide a copy of this report to the Dean, who will summarize the administrative/special project reassignments in their college and send this summary to the Provost. The summary must include the Dean's assessment of the value this work provided for academic program and students.

REASSIGNMENT FOR RESEARCH/CREATIVE ACTIVITY APPLICATION GUIDELINES

1) No more than one faculty member per department may have an individual research/creative activity reassignment during any given semester.

2) Individual research/creative activity reassignments cannot exceed three credit hours or the equivalent.

3) The faculty applicant must have a tangible scholarly product in progress prior to the reassignment requested with an intended peer-reviewed or comparable outcome.

4) Applications for individual research/creative activity must use the attached form and include:
   a. A one-page statement of the proposed research/creative activity to be completed during the requested semester.
   b. A statement describing the anticipated tangible outcome of the work.
   c. A statement describing the next steps after the requested semester to complete or continue the scholarly endeavor.
   d. A vita showing research/creative activity outcomes over the past three years.
   e. If previous research reassignments were received, a list of accomplishments resulting from the reassigned time.

5) The Department Chair will organize a department review committee to evaluate the merit of the application and make a recommendation to the Chair.

6) The Chair submits a recommendation to the Dean.

7) The Dean submits all recommended proposals to the Provost according to the deadline set by the Provost's Office.

8) By the first day of the term (Fall, Spring, or Summer) following the semester with reassignment, the faculty member must submit a report to the Chair summarizing the research/creative activity outcome.

9) The Chair will provide a copy of this report to the Dean, who will summarize the individual research/creative activity reassignments in their college and send this summary to the Provost, including the Dean's assessment of the value this project provided for the faculty member, academic program, and/or students.
# RELEASE TIME REQUEST FORM

**TERM** | **DEPARTMENT** | **DATE** | **DEAN**
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## PROVOST'S SIGNATURE __________________________ DATE_______

### MENU A EXAMPLES
- Chairperson
- Associate Dean
- Writing Center
- Provost's Office
- CSTL
- Writing Outcomes
- International Programs
- Center for Innovation and Entrepreneurship
- Economic & Business Research
- COE -Accreditation
- Radiation Safety Officer
RELEASE TIME REQUEST FORM

TERM ___________ DEPARTMENT ___________ DATE _____ DEAN _____

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PROVOST'S SIGNATURE ___________________________ DATE ___________

MENU B EXAMPLES
Faculty Athletics Rep
Sabbatical
President Faculty Senate
VP Faculty Senate
HES Clinical
Director
Grant Release
Research
Accreditation Required
Course Redesign
Other- (provide title)
FACULTY INDIVIDUAL RESEARCH/CREATIVE ACTIVITY REASSIGNMENT APPLICATION

Faculty Name:______________________________________________________________

Department: ______________________________________________________________

College/School: _____________________________________________________________

Project Title: ______________________________________________________________

Semester Requested: _________________________________________________________

Provide an attachment addressing the following

I. RESEARCH/CREATIVE ACTIVITY ONE-PAGE STATEMENT

II. ANTICIPATED TANGIBLE PEER-REVIEWED OR COMPARABLE OUTCOME

III. NEXT STEPS TO COMPLETE OR CONTINUE THE PROJECT BEYOND THE REQUESTED REASSIGNMENT.

IV. VITA SHOWING RESEARCH/CREATIVE ACTIVITY DURING PAST THREE YEARS.

V. IF PREVIOUS REASSIGNMENT FOR RESEARCH/CREATIVE ACTIVITY RECEIVED, LIST ACCOMPLISHMENTS RESULTING FROM REASSIGNED TIME.

_________________________________________ Date

Faculty Signature

Department Chair (attach justification): _____ Recommends Approval

_____ Does Not Recommend Approval

_________________________________________ Date

Department Chair Signature

Dean (attach justification): _____ Recommends Approval

_____ Does Not Recommend Approval

_________________________________________ Date

Dean Signature

Provost: _____ Approve

_____ Does Not Approve

_________________________________________ Date

Provost Signature