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_____

CONTINUING						
LAST NAME	FIRST NAME	TYPE (MENU A)	CREDIT HOURS	UNIVERSITY SANCTIONED		DENIED
				YES	NO	

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 _____

TERM							
LAST NAME	FIRST NAME	TYPE (MENU B)	EQH	EXPECTATIONS	UNIVERSITY SANCTIONED		DENIED
					YES	NO	

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 BEYONG THE REQUESTED REASSIGNMENT.

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

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

_____

Faculty Signature Date

Department Chair (attach justification): _____Recommends Approval
_____ Does Not Recommend Approval

_____

Department Chair Signature Date

Dean (attach justification): _____Recommends Approval
_____Does Not Recommend Approval

_____

Dean Signature Date

Provost: _____Approve
_____Does Not Approve

_____

Provost Signature Date