



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

Summer Reassignment Request Form

Date: _____

Term: _____

Department: _____

Name: _____

SE ID#: _____

k Compensation: _____

Role Title: _____

Description of Role Responsibilities (includes hours/week, # of weeks, and specific time expectations of role):

Outcomes of Role as Specified by Unit:

Department Chair Signature: _____

Date: _____

Dean's Approval Signature: _____

Date: _____

Provost's Approval Signature: _____

Date: _____