

REASSIGNED TIME REQUEST FORM

Name _____

Department _____

Semester for which reassigned time requested _____

Reason for requested reassignment (attach separate pages if you wish):

Teaching schedule of requester for the current and two previous semesters:

Proposed teaching schedule for the requester for the coming semester:

Chairperson's evaluation and recommendation (taking into account past reassignments, requests by other faculty, department's curricular needs, and availability of substitute teacher(s), if necessary; specify how courses will be covered; attach separate page if you wish):