



Office of Academic Affairs

1650 Bedford Avenue  
Brooklyn, NY 11225  
T: (718) 270-5010

### **FACULTY REASSIGNED TIME REQUEST FORM**

#### **INSTRUCTIONS:**

*To be completed by the faculty member who is requesting Reassigned Time. After completing and signing the form, submit it to Department Chairperson.*

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Tenure Status:  Tenured  Non-Tenured Total Contact Hours Requested: \_\_\_\_\_

#### Type of Reassigned Time Requested:

Chairperson: Hours requested: \_\_\_\_\_  Deputy Chairperson: Hours requested: \_\_\_\_\_

Scholarly Activities (PSC CUNY contractual for untenured faculty) Hours requested: \_\_\_\_\_

Grant Related Activities: Total hours requested: \_\_\_\_\_

Funding source: \_\_\_\_\_ Grant Name/Grant number: \_\_\_\_\_  
PI: \_\_\_\_\_

Funding source: \_\_\_\_\_ Grant Name/Grant number: \_\_\_\_\_  
PI: \_\_\_\_\_

Other: Total hours requested: \_\_\_\_\_

Specify \_\_\_\_\_ Funding Source \_\_\_\_\_

Specify \_\_\_\_\_ Funding Source \_\_\_\_\_

Faculty Member: *I agree to submit my activities for this reassigned time to Department Chairperson at the end of the semester.*

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FACULTY REASSIGNED TIME APPROVALS:

### Department Chairperson

**Recommended** - I support the activities of all listed hours. The requested hours are within the faculty's workload. I recommend approval.

**Recommended with reduced** - I support the activities with reduced hours to  hours.

**Not Recommended** Reason: \_\_\_\_\_

Chairperson/Designee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FACULTY REASSIGNED TIME REQUEST FORM

## FACULTY REASSIGNED TIME APPROVALS:

### Office of the Dean

**Recommended** - I support the activities of all listed hours.

**Not Recommended** Reason: \_\_\_\_\_

Dean/Designee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FACULTY REASSIGN TIME APPROVALS:

### Office of the Provost

APPROVED

DENIED

Reason: \_\_\_\_\_

Provost/Designee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_