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| **Request for Extension of Reassigned Time or Stipend** |
| * **Department Chair**
* **Coach** (Athletic or Performing Arts)
* **Special Assignment**

**Winter or Summer Intersession**References: Faculty Contract 10.M.4, Appendices B, D and E  | Logo |

Professor Request Date

E-mail Office Phone

**□ Winter Intersession (due to Dean by October 1) □ \*\*Summer Intersession (due to Dean by May 1)**

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| **Check One:** |  |
| **□ Department Chair****□ Coach****□ Special Assignment** | **Title:** |  |
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Manager of Reassigned Time

Manager of Professor’s regular assignment

**DEPARTMENT CHAIR:** Intersession assignment is **1 LHE** for 42.67 hours of work with at least 18 of those hours spent on campus.

**SPECIAL ASSIGNMENT OR COACH:** Annual Reassigned LHE Intersession Reassigned Time (10%)

***\*\*Rationale for Summer Intersession***

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***Complete for Summer or Winter Requests:***

***Anticipated schedule for the assignment:***

*Include dates/times you will be available on and off campus; availability and contact information. (Expand as necessary.)*

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Continue on the next page…

***Summary of goals/projects that will be completed during the intersession assignment:***

*Please**be specific. The nature and scope of the projected assignment should be commensurate with the reassigned time available.*

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**Signatures:** (Approval requires signatures from all affected managers.)

Professor: Date:

Manager: Date:

Manager: Date:

**Approval of Faculty Reassignment for the Intersession:**

Manager of Reassigned Time: Date:

Appropriate Vice President: Date:

**Distribution:**

□ Division Office □ Instruction Office by October 3/May 3.