

Request for Reassignment Proposal

Instructions: Complete the following form, ask your dean to review and sign, and then submit it to the Office of Instruction. You can use the Tab key to move through the form fields.

1. Term in which assignment would begin (*semester, year*) Fall 2017
2. Application Date (*mm/dd/yyyy*) 01/20/2017
3. Author(s) Jenny Castello

Overview

4. Type of Request:
 - New request for reassignment
 - Renewal of existing reassignment
 - Augmentation to existing reassignment
 - Revision to a previously submitted application
5. Position or Project Name:
Identify a "one line" description of the type of assignment (faculty leadership, coordinator, research, etc.)
ESL Department Coordination

Amount of Reassignment

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE. Calculations: $\frac{0.20 \text{ FTE} \times 3 \text{ units} = 0.6 \text{ hrs/week or approx 2.5 hrs/week}}$
additional unit (0.067 FTE) represents an additional 2.5 hrs/week

6. Fall (FTE) 0.20 Spring (FTE) 0.20 Total Annual (FTE) 0.40
7. Duration of Reassignment
How many semesters of reassigned time are being requested? When is the end date? (Please note that if the request exceeds two years, a renewal RRP will be required.)
2 years
8. Commitment
Upon completion of the reassignment term:
 - The work is complete and no further investment of reassigned time will be required.
 - The work will require an ongoing commitment of reassigned time or other staffing.
9. How will the part-time faculty replacement costs be funded?
 - Fund 1 PT faculty allocation
 - Grant funding, please specify
 - Categorical funding, please specify
 - Other, please specify

Justification

10. Identify the duties to be performed and explain why they require reassigned time.
See Attachment
11. Identify how the activities align with the college's strategic plans and initiatives.
See Attachment

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12. Provide evidence that the quantity of reassigned time being requested is justified by the workload.
This might be accomplished by providing a schedule of work to be performed during a typical week. (1 unit = 2.5 hours per week)
See Attachment
13. Nature, number and frequency of meeting *(if applicable)* See Attachment
14. Number of faculty directly served by this position annually *(if applicable)* 19 fulltime and adjunct faculty
15. Number of students directly served by this position annually *(if applicable)* 1,250 annually

Assessment

16. Outcomes
List the outcomes that can be expected upon completion of the term of reassignment.
See Attachment
17. Accountability
Describe how the activities performed under this assignment will be recorded and reported.
See Attachment

Administrative Use Only

Dean's Review:

- Fully support request
 Support with reservation
 Do not support (explanation required)

Explanation:

VPI Action:

- Approve request as submitted
 Approve request but with less time than requested
- Deny request with recommendation to revise
 Deny request (explanation required)

Explanation:

Recommendation for alternate funding:

- Professional Development
 Grant/Categorical (specify)
 Overload hourly special project
 Stipend
- President's Innovation Fund
 Trustees Fund for Program Improvement
 Short-term hourly staff

Comments:

Approved Duration of Assignment:

Outcomes and reporting requirements:

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