

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.

1. **Term in which assignment would begin (semester, year):** Fall 2019
2. **Application Date (mm/dd/yyyy):** 10/12/2018
3. **Author(s):** Candice Nance

Overview

4. **Type of Request:**

- New request for reassignment
- Renewal of existing reassignment
- Augmentation to existing reassignment

5. **Position or Project Name:**

Identify a "one line" description of the type of assignment (faculty leadership, coordinator, research, etc.)

CBOT Program Coordinator

6. **Amount of Reassignment**

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE.

Calculations: 0.2 FTE (3 units) = 7.5 hrs/week or approximately 120 hrs/semester. Each additional unit (0.067 FTE) represents an additional 2.5 hrs/week

Fall (FTE) 0.2 Spring (FTE) 0.2 Total Annual (FTE) 0.4

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.)*

4 semesters

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.

Justification

9. **Please list the core responsibilities to be performed and calculate the approximate number of hours per week required to perform each. (1 unit = 2.5 hours per week)**

Program improvement plan, including analysis of program, course offerings, curriculum redesign, industry analysis, and faculty recruitment. This position will organize a task force to analyze the program.

10. **The following responsibilities are included as part of faculty workload and can be found [here](#). Please explain how the duties for which you are requesting reassigned time are different from those enumerated in Appendix D1.**

Revised 9.15.17 - CK

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This is to support a program that has no full-time faculty member due to a previous retirement.

11. Identify how the activities align with the college's strategic plans and initiatives. (Please limit response to 250 words).

The CBOT program has not had a full-time faculty position for several years and the students in the program need Cañada College to adhere to its first EMP goal of "Student Completion/Success." Without resources to support the redesign of the CBOT program, we are doing a disservice to our students and not abiding by our goals to focus on student completion.

Assessment

12. Outcomes

List the outcomes that can be expected upon completion of the term of reassignment. (Please limit response to 250 words)

A plan for redesign of the program.

13. Accountability

Describe how the activities performed under this assignment will be recorded and reported.

By the end of the two years, a determination will be made about the future of the program with the possibility of changing the program, adding new curriculum, or streamlining offerings.

Administrative Use Only

Dean's Review:

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

Explanation: Click here to enter text.

Dean Signature: _____

McCabe *10/12/2018*

VPI Action:

- | | |
|--|---|
| <input type="checkbox"/> Approve request as submitted | <input type="checkbox"/> Deny request with recommendation to revise |
| <input type="checkbox"/> Approve request but with less time than requested | <input type="checkbox"/> Deny request (explanation required) |

Explanation: Click here to enter text.

VPI Signature: _____

Recommendation for alternate funding:

- | | |
|--|--|
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> President's Innovation Fund |
| <input type="checkbox"/> Grant/Categorical (specify) | <input type="checkbox"/> Trustees Fund for Program Improvement |
| <input type="checkbox"/> Overload hourly special project | <input type="checkbox"/> Short-term hourly staff |
| <input type="checkbox"/> Stipend | |

Comments: Click here to enter text.

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Approved Duration of Assignment: [Click here to enter text.](#)

Outcomes and reporting requirements: [Click here to enter text.](#)