



REQUEST FOR ALTERNATE WORKLOAD ASSIGNMENT

INSTRUCTIONS FOR COMPLETING FORM: Applicant should complete all pertinent information and forward to department chair. Only those applicants recommended by the dean should be forwarded to the Provost's Office. The form should be completed by applicant before the schedule is established and the chair should forward the approved applications to the dean with the established ***Completed approval forms must be forwarded to the Provost's Office two weeks after the semester schedule has been established.***

A. Applicant Information

Name: _____ Banner ID & SAP #: _____

Dept: _____ Cost Center: _____

B. Indicate alternate workload equivalency in credit hours for each semester:

Fall 20__ ____ cr. hrs. of release Spring 20__ ____ cr. hrs. of release

C. Will a replacement be necessary? YES _____ NO _____

D. Summary of work related activity for alternate workload assignment (one form per release):

E. Approvals

Recommend		Do Not Recommend		
** With Replacement	*** Without Replacement			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dean	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provost & VP for Academic Affairs	Date

F. Funding source of alternate workload assignment or replacement (source name and cost center):

** If recommended with replacement, Section F **MUST** be completed.

*** If recommended without replacement, Section G, H, and I on the back **MUST** be completed.

CONTINUE TO BACK OF FORM

G. (No replacement) What course(s) will applicant not be teaching due to this release?

H. How many students does this affect? _____

I. How will these student be accommodated?

J. State goals and specific objectives to be completed during alternate workload assignment?

GOALS

SPECIFIC OBJECTIVES

Applicant Signature

Date