

Texas A&M University-Kingsville

REASSIGNED TIME REQUEST

A copy of the **completed form** with proper signatures should be attached to the Teacher Load Report.

Name _____ Banner K Number _____ Department _____ Semester _____

FTE Reassigned Time Requested _____

FTE Additional Assignments – Teaching _____

Funded Research _____

Previously Approved Reassignment _____

TYPE OF REASSIGNMENT REQUESTED (Please check)

_____ Research Project: Explain

_____ Externally Funded *

_____ Not Externally Funded

_____ Account Number*

Does this research buy out time from E&G funding?	Yes	No
If yes, what is the cost savings to the E&G funding	\$	
If yes, will this require replacement funding to cover part-time faculty salary pay?	Yes	No
If yes, how much funding will be required?	\$	

* EPA must be submitted by 12th day of the month in order for savings to become part of the salary recovery process. Attach this **completed and approved** reassigned time request form to the EPA for processing.

_____ Development Project: Explain

_____ Externally Funded

_____ Not Externally Funded

_____ Account Number

_____ Semester Banked SCH Utilized

_____ Other: Explain

Specific Nature of Activity:

Specific Outcomes Expected:

Method of Evaluation:

Requested by: _____

Faculty Member

_____ Date

Approved by: _____

Department Head

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date