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_
Regular ³ FTE Assignme	ent: Teaching =FTE	(One	regular 3 credit class=0.2 FTE for research purposed buy-out)
(Before any reassignme	nts) Research/Other = FTE	FTE	research purposed out out)
FTE Reassigned Time F	Requested		
FTE Additional Assignment	ments – Teaching	_	
	In-kind Research/Other		
	Funded Research		
	Previously Approved R	eassignment _	
TYPE OF REASSIGN	MENT REQUESTED (Please	check)	
Research Project	ct: Explain		
External			Not Externally Funded
	Grant Account Number*		
If externally fur	nded, is it ⁵ SRI eligible?	Yes	No
	rch buy out time from ¹ E&G	Yes	No
	he cost savings to the E&G funding	\$	
cover part-time	require replacement funding to faculty salary pay?	Yes	No
If yes, how much funding will be required?		\$	
Replacement Fa	aculty Name:		Banner K#
Attach this completed and a	by 12 th day of the month in order for sapproved reassigned time request for roject: Explain ly Funded Account Number		
Semester Banko	ed ⁴ SCH Utilized		
Other: Expla	in		

Specific Na	ture of Activity:	
Specific Ou	tcomes Expected:	
Method of I	Evaluation:	
Requested b	by: Faculty Member	Date
Approved b	y: Department Head	Date
	Dean	Date
	Executive Director, Research and Sponsored Programs (if appropriate)	Date
	Provost	Date
² EPA Elect ³ FTE Full- ⁴ SCH Seme	ration and General stronic Payroll Action Time Equivalent ester Credit Hour Ty Recovery Incentive	

Provost 2/11