

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 ³FTE Assignment: Teaching = _____ FTE (One regular 3 credit class=0.2 FTE for research purposed buy-out)

(Before any reassignments) Research/Other = _____ FTE
TOTAL= _____ FTE

FTE Reassigned Time Requested _____

FTE Additional Assignments – Teaching _____

In-kind Research/Other _____

Funded Research _____

Previously Approved Reassignment _____

TYPE OF REASSIGNMENT REQUESTED (Please check)

_____ Research Project: Explain
 _____ Externally Funded * _____ Not Externally Funded
 _____ Grant Account Number*

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If externally funded, is it SRI eligible?	Yes	No
Does this research buy out time from ¹ 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?	\$	
Replacement Faculty Name:	Banner K#	

***2EPA 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 (pdf).**

_____ Development Project: Explain
 _____ Externally Funded _____ Not Externally Funded
 _____ Account Number

_____ Semester Banked ⁴SCH Utilized

_____ Semester Banked SCH Earned

_____ Other: Explain

Specific Nature of Activity:

Specific Outcomes Expected:

Method of Evaluation:

Requested by: _____
Faculty Member Date

Approved by: _____
Department Head Date

Dean Date

Executive Director, Research and
Sponsored Programs (if appropriate) Date

Provost Date

- ¹E&G Education and General
- ²EPA Electronic Payroll Action
- ³FTE Full-Time Equivalent
- ⁴SCH Semester Credit Hour
- ⁵SRI Salary Recovery Incentive