



REQUEST FOR RELEASED TIME

Name []

Division []

Campus/Site []

I request that the above-named individual be assigned released time during the:

[] Fall Semester [] Spring Semester [] Summer Session Year: []

Describe Purpose of and Justification for Released Time:

[]

Describe Duties to Be Performed:

[]

Amount of Time Requested: [] 20% [] 40% [] 60% Other: [] %

Percentage Teaching Load: [] 20% [] 40% [] 60% Other: [] %

***** To Be Completed by Division Dean*****

Staffing Plan for Released Classes: (Include number/description of equivalent classes from which faculty member is released. Provide number of adjunct faculty appointments and/or names of faculty member(s) with overload contracts required to offer released classes, if applicable.)

[]

Recommended:

Recommended:

Division Dean Date

Associate Vice Chancellor for Academic Affairs Date

Approved:

Vice Chancellor for Academic and Student Affairs Date