



Reassigned Time Research Plan Form

Faculty Member: _____

Department: _____

Semester/Year: _____

Reassigned Time Research Plan Description: _____

Proposed distribution of Reassigned Time (on a partial, annual, or full five year basis):

Fall:	Number of Hours:	Spring:	Number of Hours:
Fall:	Number of Hours:	Spring:	Number of Hours:
Fall:	Number of Hours:	Spring:	Number of Hours:
Fall:	Number of Hours:	Spring:	Number of Hours:
Fall:	Number of Hours:	Spring:	Number of Hours:

Number of workload hours already taken:

Number of workload hours remaining:

Signature of Faculty member:	Date:
Chair:	Date:
Dean:	Date: