

Reassigned Time (Course Release) Job Description

Faculty Name:
Total Credits Reassigned:

Division:
Semester(s):

Assignment Description:

Responsibility	Chair initials if completed, or satisfactory progress	Comments

Job Description Signatures

Annual Review Signatures

(Faculty) (Date)

(Faculty) (Date)

(Chair) (Date)

(Chair) (Date)

(Dean) (Date)

(Dean) (Date)