



Faculty Assigned Time Pre-Authorization Form
 One form for Academic Year (AY) or Semester for each activity
Work cannot begin until pre-approval has been granted.

Section I: Instructor Information

Date:		AY 20 ____	AY 20 ____	Fall		Spring:		Summer:	
Faculty Name:									
Department/Division/School:									
Total Number of Units Requested:			Assigned Time Code:						

Section II: Description of Duties

Provide a concise description of proposed and assigned time responsibilities:
**If form is for full AY, specify how many units per semester are being requested.*

Expected Outcomes/Deliverables: (Not required for CFA or Academic Senate Committees, or External Grants - UAS/Foundations)

Section III: Approvals

Faculty Name:			
Faculty Signature:		Date:	

Does this request require the hiring of a replacement instructor?

Dept. Chair Name:			
Dept. Chair Signature:		Date:	

College Dean Name:			
College Dean Signature:		Date:	

Faculty Affairs Name:	Karen Salazar		
Faculty Affairs Signature:		Date:	

Individual faculty workload reports listing faculty assigned time assignments must be accompanied by this form, supporting the assigned time reflected in the report.

Section IV: Faculty Report on Outcome/Deliverables (Not required for CFA, Academic Senate Committees, or External Grants - UAS/Foundations)

*Note: to be completed by faculty at the end of the assigned term and returned to appropriate administrator

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Faculty Name:			
Faculty Signature:		Date:	
Appropriate Administrator Name:			
Appropriate Administrator Signature		Date:	