Faculty Course Reassigned Time Request Policy and Process

Tenured and tenure track faculty who undertake specified additional activities related to the academic mission of the University and/or specific strategic initiatives of the college or department may be eligible for a reduction in their student contact hours during the semester or year under consideration. Parallel with the promotion and tenure documents that govern University faculty, these additional activities could be for teaching, for service, or for professional development, which includes research or creative endeavors.

All faculty seeking reassigned time from the normal teaching obligations of their college must complete the Faculty Course Reassigned-Time Request Form (FCRR) prior to any reduction in student contact hours. The individual faculty member is responsible for initiating and completing the FCRR on the schedule described below. There is no guarantee that a FCRR will be approved. (If the reassignment is dependent upon external funding, submit the FCRR concurrently with the submission of the funding request.) The faculty member should submit a completed FCRR to the Department Head for review. If approved, the FCRR progresses next to the Dean, the Provost and Vice President for Academic Affairs, and President for their review and approval. At each level, the amount of service required for the role will be taken into consideration as well as equity concerns across the Institution.

The form must be completed and fully approved at least one semester prior to the start of any requested reassigned time, and before the BANNER Schedule is submitted to the Registrar’s Office (normally early August for the following spring semester and early January for fall semester.). No reassigned time will be granted unless, and until, the Faculty Course Reassigned Time Request Form (FCRR) is fully approved by the President through the appropriate channels (via Head/Director, Dean, and Provost). These guidelines do not apply to staff members.

Faculty who receive reassigned time from their regular teaching load should recognize that they are expected to fulfill their departmental and college service obligations. The University, the Provost, or operating unit, may discontinue, temporarily suspend, or alter a reassigned time approval of any faculty member based on institutional needs.

For applicable forms or questions please contact the Valdosta State University Office of Academic Affairs.
FACULTY COURSE REASSIGNED TIME REQUEST (FCRR) FORM

Department:                      Date Submitted:
Name:                           Rank:

Semester Requesting Reassignment:   Fall   Spring   Year:

# of Contact Hours Currently Assigned:

# of Contact Hours Requested for Reassignment:

Describe Purpose of Reassignment from Usual Teaching Load (support with information about specific duties, number of students served, importance of duties to the mission of the department/college/university, special publication deadlines, etc.):

   Additional Administrative Responsibilities
   Additional Advising
   Additional Graduate Teaching
   Grant Application or Responsibilities
   Additional Scholarship
   Additional Special Project(s)

Specific Outcomes Expected:

Method of Evaluation and Report Due Date:

Current Teaching Load (List courses):

Proposed Teaching Load (List courses):

How will the faculty member’s teaching load be covered?

   Adjunct    Overload    Adjustment to departmental schedule

Any additional funds required?
APPROVALS:

Approved by: ___________________________________ Date: ______________________
Director/Department Head
By signing as department head, you certify that the department will be able to maintain an instructional program that will meet the needs of students in core, major, and/or graduate courses. Further, you are satisfied that appropriate arrangements have been made for graduate students or students engaged in independent study or experiential learning courses requiring the supervision of this applicant.

Approved by: ___________________________________ Date: ______________________
Dean

Approved by: ___________________________________ Date: ______________________
Provost and Vice President of Academic Affairs

Approved by: ___________________________________ Date: ______________________
President

Note: The form must be completed and fully approved prior to the start of any requested time, and before the Master Schedule is due to the Registrar’s Office (normally early August for the following Spring Semester and early January for Fall Semester).