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| cid:image001.gif@01CA71AA.78DAE1B0 |  **APPLICATION**  **REQUEST FOR REASSIGNED TIME POSITION****For New Assignments and for Renewals in Spring 2011** |

1. **Position Title**:

Respond to a-d below by referring to the document,***Reassigned Time Procedures, Sections 1.1-d.****. Please be succinct in your answers.*

1. *Position History*
	* 1. What is the need for this position?
		2. How/where has this need for this position been documented?
		3. Is this position being recommended to be time-limited (if so for how long) or on-going?
		4. How will the position be funded? If grant-funded, for how long? Will there be a need for institutionalization?
		5. Are there any external relationships and/or requirements? If so, please explain.
2. *Position Description*
	* 1. What are the responsibilities/duties of the position?
		2. Is there a department that needs to review and endorse this position given its proposed relationship to the department?
		3. To which manager will this position report?
		4. What are the outcomes/deliverables of this position (per semester)? How will the outcomes be measured and reported to the designated manager?
		5. Which college goals/ARCC data does this position address?
		6. How will this position benefit the college/students?
		7. Percentage of reassigned time and related rationale (relationship of duties and deliverables to time on task). Based on a 35 hour week, how many hours on average will it take to accomplish the responsibilities and duties of the position? If work will not be completed evenly over the time period requested, indicate how the work hours will be redistributed. Will the majority of the work be provided during the day, evening or weekends? Will any of the faculty’s five weekly hours of professional obligation be assigned to the reassigned time position?
		8. At what intervals should the need for this position be evaluated?

1. *Position Appointments*
2. What is the process for an applicant to be appointed to this position (such as open recruitment at the college level or department recommendations)?
3. Are there any restrictions proposed regarding who may apply for the position?
4. For how long will an individual be appointed?

1. *Alternatives*

Signatures and Titles of individuals Recommending this Position:

There must be signatures of a Senior Dean and/or Dean and supervising manager. Additionally, if this position is being requested by faculty, the faculty signature(s) must also be included on this form.

*Signature Title Date*

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*Signature Title Date*

*Signature Title Date*

*Signature Title Date*

*Signature Title Date*

1. **CABINET REVIEW OF THE REASSIGNED TIME REQUEST:**

 (To be completed by Cabinet Note Taker)

1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Additional Information Requested (and who is responsible for gathering this information and bringing it back to the Cabinet)
3. Recommendation to the President:

\_\_\_ Recommended as presented

\_\_\_ Recommended with the following changes:

\_\_\_ Not recommended

1. **DECISION OF THE PRESIDENT:**

\_\_\_ Accepted as recommend

\_\_\_ Accepted with the following changes:

\_\_\_ Not accepted

Date of Notification regarding President’s decision (to individuals recommending the position) \_\_\_\_\_\_\_\_\_\_

**Distribution:** President’s Office Persons listed on form (above)