



# REQUEST FOR FACULTY RELEASE TIME



NAME OF FACULTY \_\_\_\_\_

RANK \_\_\_\_\_ TITLE \_\_\_\_\_

COLLEGE OF \_\_\_\_\_ DEPARTMENT OF \_\_\_\_\_

NUMBER OF CREDIT HOURS TO BE RELEASED \_\_\_\_\_

ACCREDITING BODY REQUIREMENTS \_\_\_\_\_

Release time request is for: Academic Semester/Year: \_\_\_\_\_  
(Dates From/To)

Reason(s) for Release Time Request and/or from normal teaching load:

- Chair Duties
- Director Duties
- Program Coordinator Duties
- Externally Funded Grant
- Other: (Please explain)

If release time is supported by externally funded grant, complete Part B.

### PART B:

Source of Funds Supporting Release Time (Grant):

Department Receiving Funds (State):

Replacement Person: \_\_\_\_\_

Budget Name: \_\_\_\_\_

Budget Name: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Budget Amount:\$ \_\_\_\_\_

Budget Amount:\$ \_\_\_\_\_

### Action on Request:

Approved

Not Approved

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Faculty Member	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Project Director <i>(Part B Only)</i>	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Department Chair	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Dean	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Research & Sponsored Programs <i>(Part B Only)</i>	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Provost/Vice President for Academic Affairs	Date

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Vice President for Administration and Fiscal Affairs	Date