

**College of Fine Arts  
Faculty Reassignment of Duties Form**

Superseding Request?  yes

**INSTRUCTIONS:** Use this form if you are reassigning your duties for a semester, for example if you are not teaching organized courses so that you can concentrate on research duties instead, but are continuing to perform some service or advising during the period of reassignment of duties.

Do not use this form if you are on a research leave with no expectation of any teaching, service, or advising; faculty development leave; or a partial or full leave without pay. In those situations, use the provost office's [Faculty Request for Leave form](#) instead. This distinction is necessary because by state policy the college may have no more than 6% of its faculty on a faculty development leave at any one time, but there is no cap on how many of its faculty can be on reassignment of duties.

**1. Biographical:**

Name: \_\_\_\_\_ UT EID: \_\_\_\_\_

Job Profile: \_\_\_\_\_ Department/School: \_\_\_\_\_

**2. Reassignment of Duties Information:**

First Time Segment

SWH reassigned (to two decimals): \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

a. Reason(s): Research, Scholarship, Creative Works  Visiting Faculty  Professional Activities  Personal

b. Project title or subject: \_\_\_\_\_

c. Description of activity: \_\_\_\_\_

d. Funding Source(s): \_\_\_\_\_

e. Where will the individual be working? \_\_\_\_\_

Second Time Segment

SWH reassigned (to two decimals): \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

a. Reason(s): Research, Scholarship, Creative Works  Visiting Faculty  Professional Activities  Personal

b. Project title or subject: \_\_\_\_\_

c. Description of activity: \_\_\_\_\_

d. Funding Source(s): \_\_\_\_\_

e. Where will the individual be working? \_\_\_\_\_

**3. Benefit to you, your program/department, and/or the University:**

**4. Length of Service and Previous Leaves or Reassignments of Duties:**

a. Length of faculty service: \_\_\_\_\_

b. Previous Research Leaves, LWOP, and Reassignment of Duties in last five years: \_\_\_\_\_

**5. Teaching Arrangements, Service or Advising Duties Remaining:**

a. Teaching arrangements: \_\_\_\_\_

b. Instructional or advising duties that will remain: \_\_\_\_\_

c. Service duties that will remain: \_\_\_\_\_

**6. Instructions for Supplement (to be filled out by Dean's Office):** \_\_\_\_\_

Signatures

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/School Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_