

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: _____