



**Faculty Assigned Time Pre-Authorization Form**  
 One form for Academic (AY) or Semester for each activity  
*Work cannot begin until pre-approval has been granted.*

**Section I: Instructor Information**

Date:		AY 20 ____	AY 20 ____	Fall		Spring:		Summer:	
Faculty Name:									
Department/Division/School:									
Total Number of Units Requested:			Assigned Time Code:						

**Section II: Description of Duties**

Provide a concise description of proposed and assigned time responsibilities:  
*\*If form is for full AY, specify how many units per semester are being requested.*

Expected Outcomes/Deliverables: (Not required for CFA, Academic Senate Committees, or External Grants (UAS/Foundations))

**Section III: Approvals**

Faculty Name:			
Faculty Signature:		Date:	
Does this request require the hiring of a replacement instructor?			
Dept. Chair Name:			
Dept. Chair Signature:		Date:	
College Dean/Administrator Name:			
College Dean/Administrator Signature:		Date:	
Faculty Affairs Name:			
Faculty Affairs Signature:		Date:	

*Individual faculty workload reports listing faculty assigned time assignments must be accompanied by this form, supporting the assigned time reflected in the report.*

Section IV: Faculty Report on Outcomes/Deliverables (Not required for CFA, Academic Senate Committees, or External Grants (UAS/Foundations))

\*Note: to be completed by faculty at the end of the assigned term and returned to appropriate administrator

Faculty Name:			
Faculty Signature:		Date:	
Appropriate Administrator Name:			
Appropriate Administrator Signature:		Date:	