

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
FULL-TIME FACULTY REASSIGNED/RELEASED TIME AUTHORIZATION  
ACADEMIC YEAR \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Campus: \_\_\_\_\_ Division: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:  REASSIGNED TIME (Exec. Head, Dept. Chair, Coordinator, Scheduler, etc.)  
 RELEASED TIME (FA Negotiator, Academic Senate Representative)  
 Is this an additional request (for the current fiscal year)? Yes  No   
 Is this a revision to a previously submitted request (for the current fiscal year)? Yes  No

**I. ASSIGNMENT**  
 Type of Assignment, i.e., Dept. Chair, Coordinator, etc. (please attach duties to be performed on a separate sheet). For each, also indicate the load amount by quarter (i.e., .111):  
 Assignment #1: \_\_\_\_\_  
 Summer Qtr: \_\_\_\_\_ Fall Qtr: \_\_\_\_\_ Winter Qtr: \_\_\_\_\_ Spring Qtr: \_\_\_\_\_ Total Annual FTE: \_\_\_\_\_  
 Assignment #2: \_\_\_\_\_  
 Summer Qtr: \_\_\_\_\_ Fall Qtr: \_\_\_\_\_ Winter Qtr: \_\_\_\_\_ Spring Qtr: \_\_\_\_\_ Total Annual FTE: \_\_\_\_\_  
*Note: Reassigned/released time amounts must correspond to regular class loads for this instructor.*

**II. CONTRACT CHANGE**

	<u>Index</u>	<u>OR</u>	<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Program</u>	<u>(%)</u>
Permanent FOAP	_____		_____	_____	_____	_____	_____
per NBAPBUD	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	Total: _____
Reassign from	_____		_____	_____	_____	_____	_____
(if this is a change):	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	Total: _____
Reassign To:	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	_____
	_____		_____	_____	_____	_____	Total: _____

*Notes: 1. Percentages should equal 100%. 2. The campus is responsible for providing accurate Index/FOAP. HR is responsible for entering the Index/FOAP accurately to Banner within 30 days after acceptance.*

**III. STUDENT INFORMATION**  
CMS (Change to Master Schedule) Entry Information - Banner Screens SSASECT & SIAASGN  
 Quarter: \_\_\_\_\_ Course ID: \_\_\_\_\_ Load: \_\_\_\_\_ CRN No.: \_\_\_\_\_  
 Quarter: \_\_\_\_\_ Course ID: \_\_\_\_\_ Load: \_\_\_\_\_ CRN No.: \_\_\_\_\_  
 Quarter: \_\_\_\_\_ Course ID: \_\_\_\_\_ Load: \_\_\_\_\_ CRN No.: \_\_\_\_\_  
 Quarter: \_\_\_\_\_ Course ID: \_\_\_\_\_ Load: \_\_\_\_\_ CRN No.: \_\_\_\_\_

**APPROVALS**

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

Division Dean \_\_\_\_\_ Date \_\_\_\_\_

Vice President or Designee \_\_\_\_\_ Date \_\_\_\_\_

Assoc. Vice President of Instruction (DA) \_\_\_\_\_ Date \_\_\_\_\_  
 VP, Finance & Admin Services (FH) \_\_\_\_\_

Campus Budget Office \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

*For District Human Resources, DA Office of Instruction & FH Scheduling Office Use Only*

NBAJOBS \_\_\_\_\_ - 00   
 \_\_\_\_\_ - PA

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

**IV: REPLACEMENT COST FUNDING**

**How will the part-time 1320 faculty replacement costs, as a result of this reassigned/released time, be funded? (This applies only if an instructor is being reassigned or released from 1160 to 1260.) Select from one of six options:**

**With "B" budget (Fund 114)**

The 1260 reassigned time assignment should be kept in Fund 114 (or 122).

"B" budget should be taken from (indicate index code): \_\_\_\_\_

Financial Manager's Approval: \_\_\_\_\_

**With Self-Sustaining Funds (115)**

The 1260 reassigned time assignment may be charged to either Fund 114 or 115.

a. If the reassigned time assignment is charged to Fund 114, replacement costs should be transferred from Fund 115 to the 1320 account in Fund 114.

Fund 115 funds should be transferred from (indicate index code): \_\_\_\_\_

Financial Manager's Approval: \_\_\_\_\_

b. If the reassigned time assignment is charged to Fund 115, the part-time faculty replacement costs should be transferred from the 1160 lapse account in Fund 114 to the 1320 lapse account.

**With Grant Funds**

In this instance, the higher 1260 reassigned time assignment MUST be charged to the grant, and this should be budgeted for accordingly. 1320 instructional expenses should not be charged to a grant because we don't receive WSCH, or apportionment funding, if charged to – and paid for – by a grant.

Dates of Authorized Work: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Part-time faculty replacement costs will be transferred from the 1160 lapse account in Fund 114 to the 1320 lapse account.

**With Foundation Funds**

The 1260 reassigned time assignment should be kept in Fund 114 (or 122). If charged to a foundation FOAP, this expense does not get reported on our 311 to the state.

Replacement costs should be transferred from the Foundation to Fund 114, pending the Foundation's approval and availability of funds.

Funds should be transferred from: Foundation Index Code \_\_\_\_\_

Corresponding Billback (Fund 114080) Index Code \_\_\_\_\_

Financial Manager's Approval: \_\_\_\_\_

**Faculty Association**

A maximum of four (4) FTE of released time for Faculty Association is budgeted for by the district. Replacement costs for released time over four FTE will be invoiced to Faculty Association (attn: Suzanne Elwell).

**Academic Senate**

A maximum of two (2) FTE of released time for Academic Senate is budgeted for by the district. Replacement costs for released time over two FTE will be funded either by 1) the faculty member's respective campus, or 2) invoiced to the state Academic Senate if the faculty member is performing duties at the state level and a letter has been received notifying the district.

**Note: This completed form is due to HR by September 14. If this request is received and processed after September 14<sup>th</sup>, labor redistributions to correct the allocation of labor and benefits may need to be processed. This should be done by the campus budget analysts.**