

Pasadena Area Community College District
Reassigned Time Expectations

Faculty name: _____ Date _____

Designation: _____ Part-Time _____ Probationary _____ Tenured _____ Division Chair

Manager of Reassigned Time: _____

Manager of faculty member's regular assignment: _____

Date reassignment began: _____ Anticipated End Date: _____

Title of Reassignment: _____

Percentage of Reassignment: _____ Weekly hours of a 45-hour work week: _____

The appropriate manager will meet with the faculty member to develop and mutually agree to a list of performance expectancies relevant to this assignment and complete this form prior to the end of the second week of the fall semester.

Purpose of Reassignment:

Weekly/Monthly Schedule of Activities:

Specific Objectives/Deliverables and Timeline:

Expected Measurable Outcomes:

Faculty member's signature _____ Date _____

Manager of reassigned time's Signature _____ Date _____

Manager of regular assignment's Signature _____ Date _____