REQUEST FOR NON-TEACHING HOURS

Includes: release time, New Faculty Hours, grant hours, etc.

Requests for next semester must be submitted prior to the end of the current semester.

Contact your Chair or the Office of the Dean for deadlines.

SEMESTER ◯ FALL ◯ SPRING 20 DEPARTMENT/PROGRAM: _____

NAME: _____ _____ CUNYFIRST (EMPL) ID: _____
(LAST NAME) (FIRST NAME)

RANK/TITLE: _____ TENURED: ◯ YES ◯ NO

CITY TECH EMAIL: _____ EXTENSION/PHONE: _____

Released time includes all approved assignments beyond regular classroom contact hours. For assignments such as course or program coordination that contribute toward service, one hour of released time should be equivalent to an average of three hours of weekly activity.

Did you complete Non-Teaching hours in the current semester? ◯ YES ◯ NO

If yes, please provide a summary of work completed, deliverables, or notable accomplishments.

THE COMMENT BOX WILL EXPAND TO FIT THE NECESSARY INFORMATION.

Are you requesting Non-Teaching hours for the upcoming semester? ◯ YES ◯ NO

If yes, please provide a job description indicating major responsibilities or activities and planned schedule.

THE COMMENT BOX WILL EXPAND TO FIT THE NECESSARY INFORMATION.

Assignment Type *see page two (2) for details*	Program, Grant, or Description of Release Time	Workload Hours	Hours Conversion *per week*	Signature of Director or Coordinator *if not your direct supervisor*
RESSP	*NSF-TUES*	*4*	12	*Please use eSignatures*
ADDEP	*BTech Coordinator*	*3*	9	*Please use eSignatures*
			0	
			0	
			0	
			0	
			0	

Signature of Faculty Member

RESET FORM

REQUEST FOR NON-TEACHING HOURS
Instructions and Assignment Type Data

1. This request may be initiated by the Faculty Member or Department Chair.
2. If required, it is the Faculty Member's responsibility to obtain the electronic signatures of any Program Director or Grant Coordinator associated with the request.
3. The request must be signed by both the Faculty Member and the Chair.
4. If approved, the Chair will forward the request to the Dean for review.
5. If approved by the Dean, the request forwarded to the Provost for review and approval.
6. If any changes must be made to any non-teaching hours, an updated, signed request must be submitted.

ASSIGNMENT TYPE	DESCRIPTION	USE TO REPORT
ADCHR	Administration Service, Department Chair	Use for Department Chair designation only
ADCOL	Administration Service, College	Use to report non-instructional workload for college administration (as distinct from department or university administration)
ADDEP	Administration Service, Department	Use to report non-instructional workload for college administration (as distinct from college or university administration)
ADUNI	Administration Service, University	Use to report non-instructional workload for college administration (as distinct from department or college administration)
ADVIS	Advising/ Counseling	Use to report reassigned time for student advisement
LOA	Approved Leave of Absence	Used to explain workload discrepancy due to leave when workload is unaccounted for by other entries
NWHIR	Reassigned Time for New Hire	Use to identify faculty who are being reassigned in a given term under the contractual agreement for release time for new hires
RESSP	Research, Sponsored	Use to designate release time for grant-supported research
RESUN	Research, Unsponsored	Use to designate release time for research that is not supported by a grant
RTOTH	Reassigned Time, Other	Use when no other non-instructional reassigned time category is appropriate
TDOC	Teaching, Doctoral Courses	Use to designate adjusted workload on classes with doctoral students (as per Graduate Center)
TDOCX	Teaching, Doctoral Combined	Used by the Graduate Center to identify cross-listed, combined sections at the doctoral level
TINST	Teaching, Independent Study	Use to indicate adjusted workload for an independent study class
TOTHR	Teaching, Other than Classroom	Adjusted workload for teaching a course not in the MCF
TSUPV	Teaching, Thesis Supervision	Use to indicate adjusted workload for a class placeholder for thesis supervision

_____

Signature of Chairperson/Supervisor

_____

Signature of Dean's Office

_____

Signature of Provost's Office

It is the responsibility of the Office of the Dean to distribute approved hours back to the Academic Departments.