Date

Employee Legal Name Employee G Number Employee Full Address

Dear Employee Legal Name:

I am pleased to formally offer you time reassigned from your teaching for semester(s)/year. You are still obligated to fulfill the Significant Focus portion of your Faculty appointment. Your reassigned time appointment details are outlined below:

|  |  |
| --- | --- |
| Reassigned time credits\* | Purpose of reassigned time |
|  |  |

*\*The credits of reassigned time should equate to the effort associated with both in-class and outside class work for a similar credit class. For example, for three (3) credits of reassigned time, the recipient should spend approximately 10 hours per week or 150 hours per semester.*

All faculty are subject to the policies of the University as found on the University Policies website, [www.gvsu.edu/policies](http://www.gvsu.edu/policies). As part of your Faculty Activity Report (FAR), you will be asked to report on the achievements during your reassigned time.

I would appreciate your signing, dating and returning this letter to me by date as an official indication of your acceptance of your appointment and the conditions indicated.

Sincerely,

Dean/Appointing Officer Name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean/Appointing Officer Title

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Provost

 Human Resources

 Budget Office