

Request for Reassignment Proposal

Instructions: Complete the following form, ask your dean to review and sign, and then submit it to the Office of Instruction. You can use the Tab key to move through the form fields.

1. Term in which assignment would begin (*semester, year*) Fall 2017
2. Application Date (*mm/dd/yyyy*) 1/24/17
3. Author(s) Mike Garcia

Overview

4. Type of Request:
 - New request for reassignment
 - Renewal of existing reassignment
 - Augmentation to existing reassignment
 - Revision to a previously submitted application
5. Position or Project Name:
Identify a "one line" description of the type of assignment (faculty leadership, coordinator, research, etc.)
Athletic Director

Amount of Reassignment

Please report the amount of FTE you are requesting for each term and calculate the total annual FTE. Calculations: 0.2 FTE (3 units) = 7.5 hrs/week or approximately 120 hrs/semester. Each additional unit (0.067 FTE) represents an additional 2.5 hrs/week

6. Fall (*FTE*) 0.4 Spring (*FTE*) 0.40 Total Annual (*FTE*) 0.8 FTE
7. Duration of Reassignment
How many semesters of reassigned time are being requested? When is the end date? (Please note that if the request exceeds two years, a renewal RRP will be required.)
Fall & Spring Semester Next Two Years
8. Commitment
Upon completion of the reassignment term:
 - The work is complete and no further investment of reassigned time will be required.
 - The work will require an ongoing commitment of reassigned time or other staffing.
9. How will the part-time faculty replacement costs be funded?
 - Fund 1 PT faculty allocation
 - Grant funding, please specify
 - Categorical funding, please specify
 - Other, please specify

Justification

10. Identify the duties to be performed and explain why they require reassigned time.
(See Attachment)
11. Identify how the activities align with the college's strategic plans and initiatives.
(See Attachment)

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12. Provide evidence that the quantity of reassigned time being requested is justified by the workload.
This might be accomplished by providing a schedule of work to be performed during a typical week. (1 unit = 2.5 hours per week)
(With Bldg 1 demolished Summer 17 & Swing Space between two colleges for VARS teams - 8-10 hours a week is spent on conductionEligibility checks, home event coordination, transportation preparation, talking with media, schedule coordinating with other College's ADs, reporting to CCCAA of game status, budget preparation
13. Nature, number and frequency of meeting *(if applicable)*
14. Number of faculty directly served by this position annually *(if applicable)* Dean, Division Assistant, 2 Athletic Trainers, 7 Faculty, with 23 Assistant Coaches
15. Number of students directly served by this position annually *(if applicable)* 150 + full-time student athletes

Assessment

16. Outcomes
List the outcomes that can be expected upon completion of the term of reassignment. As Athletic Director, the following link will provide all of the Constitution Forms that are mandated for successful compliance in conjunction with the CCCAA Constitution and Bylaws: <http://www.cccaasports.org/about/forms>. Some of these Forms include, but are not limited to: Student Eligibility Reporting, Student Athlete Transfer Forms, Injury/Illness Waiver Requests, Appeals of student athlete status, Student Code of Conduct, Scholar Athlete Award, Scholar Team Award, Academic All-State Award Nominations
17. Accountability
Describe how the activities performed under this assignment will be recorded and reported. Various media platforms and outlets are used to record and report activities and accomplishments such as:Presto Sports, San Mateo Daily Journal, CCCAA Constitution Forms, CCC Confer, NCAA, NAIA, EADA, Form R-4 Statement of Compliance of Title IX Gender Equity

Administrative Use Only

Dean's Review:

- Fully support request
 Support with reservation
 Do not support (explanation required)

Explanation:

VPI Action:

- Approve request as submitted
 Approve request but with less time than requested
- Deny request with recommendation to revise
 Deny request (explanation required)

Explanation:

Recommendation for alternate funding:

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- Professional Development
- Grant/Categorical (specify)
- Overload hourly special project
- Stipend

- President's Innovation Fund
- Trustees Fund for Program Improvement
- Short-term hourly staff

Comments:

Approved Duration of Assignment:

Outcomes and reporting requirements:
