MESA COMMUNITY COLLEGE
APPROVAL FORM FOR RFP OR COLLEGE DESIGNATED
REASSIGNED TIME

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____________________________________ of ______________________ is authorized
Print Faculty Name ______________________ Print Name of Department ______________________

________________________load hours of reassigned time for the________________________semester
Number ______________________ (Semester/Year) ______________________

Purpose:

__________________________________________________
(Date) ______________________ (Department Chair’s Signature of Approval)

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LOAD HOURS APPROVED ______________

__________________________________________________
(Date) ______________________ (Dean of Instruction’s Signature of Approval)

__________________________________________________
(Date) ______________________ (Vice President’s Signature of Approval)