

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.

1. **Term in which assignment would begin (*semester, year*):** Spring 2019
2. **Application Date (*mm/dd/yyyy*):** 10/12/2018
3. **Author(s):** Candice Nance

Overview

4. **Type of Request:**

- New request for reassignment
- Renewal of existing reassignment
- Augmentation to existing reassignment

5. **Position or Project Name:**

Identify a "one line" description of the type of assignment (faculty leadership, coordinator, research, etc.)

CTE Liaison

6. **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

Fall (*FTE*) 0.2 Spring (*FTE*) 0.2 Total Annual (*FTE*) 0.4

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.*)

4 semesters

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.

Justification

9. **Please list the core responsibilities to be performed and calculate the approximate number of hours per week required to perform each. (1 unit = 2.5 hours per week)**

This is a position supported by ASCCC and exists at many colleges across the State. With the increased demand of Career Technical Education (CTE) programs and courses, Cañada College needs to stay connect to local and regional employment demands while supporting CTE faculty with local and statewide CTE initiatives. This position would also serve on the Strong Workforce Tri-Chair Committee. For a list of sample CTE Liaison responsibilities as defined by ASCCC, please visit <https://asccc.org/cte-faculty-liaison>.

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10. The following responsibilities are included as part of faculty workload and can be found [here](#). Please explain how the duties for which you are requesting reassigned time are different from those enumerated in Appendix D1.

This position serves to act as a liaison between Cañada College, our CTE faculty, our region and the State for CTE initiatives relevant to Cañada College. The position will also serve as a member of the Strong Workforce Tri-Chair to oversee Strong Workforce implementation.

11. Identify how the activities align with the college's strategic plans and initiatives. *(Please limit response to 250 words).*

This position supports all three Educational Master Plan college goals since this position would support CTE programs with student completion, connect to our local and regional community for employment needs, and support CTE faculty with organizational development, such as curriculum development and professional development.

Assessment

12. Outcomes

List the outcomes that can be expected upon completion of the term of reassignment. *(Please limit response to 250 words)*

Increased transparency in Strong Workforce plans and greater support for CTE faculty with increasing changes and demands from the State.

13. Accountability

Describe how the activities performed under this assignment will be recorded and reported.

The outcomes of this assignment will be recorded and reported regularly at Academic Senate, Division meetings and/or Curriculum Committee meetings.

Administrative Use Only

Dean's Review:

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

Explanation: Click here to enter text.

Dean Signature: _____

H. K. [Signature]

10/12/2010

VPI Action:

- | | |
|--|---|
| <input type="checkbox"/> Approve request as submitted | <input type="checkbox"/> Deny request with recommendation to revise |
| <input type="checkbox"/> Approve request but with less time than requested | <input type="checkbox"/> Deny request (explanation required) |

Explanation: Click here to enter text.

VPI Signature: _____

Recommendation for alternate funding:

Revised 9.15.17 - CK

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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: [Click here to enter text.](#)

Approved Duration of Assignment: [Click here to enter text.](#)

Outcomes and reporting requirements: [Click here to enter text.](#)