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**Faculty Release Time Request Form**

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| Faculty member: | Name & phone: | Signature: |
| SID: |
| Purpose of Release: |  | |
| Explain rationale/need for release: (detailed explanation of deliverables) |  | |
| Amount of release (fraction of FTE and course load): |  | |
| Duration of Release: |  | |
| Other comments if applicable: |  | |
| **Approval:** |  |  |
| Appropriate Dean | Name: | Signature: |
| VP for Instruction | Name: | Signature: |
| Executive Director of HR | Name: | Signature: |
| AHE President | Name: | Signature: |

1/25/17 HR

Copy of form kept in personnel file

Per AHE CBA Article IV, Section H (b) – Professional load reductions will not exceed two years in duration or 1/3 teaching load, normally not to exceed 1/3 per quarter. The AHE and appropriate administrator will review all professional load reductions after the first year. There will be an option to continue a professional load reduction annually if mutually agreed upon by the District and the AHE Executive Board.