



## Lehman College Reassigned Time Approval Form

Faculty Member to be Reassigned: \_\_\_\_\_

Department: \_\_\_\_\_

Inclusive Dates of Grant: \_\_\_\_\_

Grant Sponsor: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Number of Hours/Credits: \_\_\_\_\_

I intend to take this reassigned time by Fall/Spring and year: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Electronic approval by Chair and Dean is required for all reassigned time requests through Cayuse. Original signatures are not required.

Office of Research and Sponsored Programs

Shuster Hall 303

718-960-8107