



# Indiana University of Pennsylvania

## REQUEST FOR ALTERNATE WORKLOAD ASSIGNMENT

**INSTRUCTIONS FOR COMPLETING FORM:** College Dean's Office or Designee should complete all information, obtain all needed signatures, and forward to Academic Administration no later than TWO WEEKS prior to the start of the term that the assignment is to commence.

To comply with federal guidelines set forth in OMB Circular A-21 and the Cost Accounting Standards, faculty release forms should be submitted by the Dean to the Provost before the beginning of the effort so that grant funds are actually available to pay for the release.

**FUNDED RELEASES AS SPECIFIED IN THE APPROVED BUDGET SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE DEAN.**

A. Applicant Information:

Name: \_\_\_\_\_ SAP #: \_\_\_\_\_

College: \_\_\_\_\_ Dept/Center/Institute: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Home Cost Center: \_\_\_\_\_

Rank: \_\_\_\_\_ Step: \_\_\_\_\_

B. Indicate alternate workload equivalency in credit hours for each semester:

Fall \_\_\_\_\_ cr. hrs. of release: \_\_\_\_\_ Spring \_\_\_\_\_ cr. hrs. of release \_\_\_\_\_

C. Will a replacement be necessary?

YES  NO  Replacement Plan:  Temporary hire, charged to grant.  
 Temporary hire, faculty member charged to grant.  
 No replacement.  
 Other:

D. Funding source of alternate workload assignment or replacement (if not Home Cost Center):

SAP Cost Center: \_\_\_\_\_ Name: \_\_\_\_\_

E. Grant Accounting Use Only:

Expiration Date of Grant: \_\_\_\_\_  Verification that earnings are within compensation policy limitations

F. Statement of work related activity for alternate workload assignment (one form per release):

G. Doctoral Enhancement Releases (Term, Subject, Course, Section, CRN of Course Section(s) associated with release)

H. Approvals:

\_\_\_\_\_  
Faculty Member (If Required)                      Date                      Department Chair (If Required)                      Date

\_\_\_\_\_  
Dean                      Date                      Provost & VP for Academic Affairs Or Designee                      Date

I. Academic Administration Use Only:

NIST CODE \_\_\_\_\_  Entered in Banner                       Requires Labor Distribution  
 Entered in AWA Log                       Send to Grant Accounting