



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