

## ALTERNATE ESH ASSIGNMENT REQUEST

**Deadlines for submitting this form to your dean:** Fall semester: **August 25**  
 Spring semester: **December 15**  
 Summer sessions: **May 1**

*Please complete a separate request form for each activity or project.*

**Step 1:** The faculty member provides a brief description of the alternate ESH assignment and completes the form down to the requestor's signature. The faculty member is responsible for getting all signatures or confirmation emails for this project before submitting the form to their department aide for processing.

**Step 2:** ESH grantors should maintain copy of the assigned ESH per their units procedures before returning the form to faculty member with account number and grantor's confirmation/signature

**Step 3:** The faculty member's dean is the approver of the assignment and maintains the final copy of the request form once the request is approved or denied.

**Faculty Member:**

Name	Department:	Semester, Year or Summer Session, Year
	Campus: <b>G R TP/SS</b>	

**Description of Alternate Activity or Project:**

<b>Amount of ESH requested for this project:</b>  _____	<b>Signature of ESH Grantor or attach e-mail from ESH Grantor:</b>  _____ <b>Date:</b> _____	<b>Account Number to be charged:</b>  ____ - ____ - ____ - ____ - ____  Account numbers (FOAP-A) now have 5 fields. The fifth field often designates campus location (GT, RV, TPSS).
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\_\_\_\_\_  
 Date Signature of Requestor

**SUPPORT    DO NOT SUPPORT**

\_\_\_\_\_  
 Date Department Chair/Unit Coordinator of Faculty Requesting ESH

**APPROVE    DISAPPROVE**

\_\_\_\_\_  
 Date Supervising Dean of Faculty Member