

## **Full-time Faculty Alternate ESH Assignment Request**

Submissio	on Deadlines						
Semester:							
	Notes: omplete a separate form o not exceed 20 ESH for o	•	-	ter hours (ESH)	during the academic ye	ear (AY).	
to the req	he faculty member provi uestor's signature. Obtai nt aide. Keep a copy of tl	n all required signatu	ures or confirma	tion emails befo	ore submitting the form		
	SH grantors should main e faculty member with th	• •		•	_	rns the	
	he faculty member's dea equest form and uploads		_			l or	
Faculty Name		Department					
Campus		Term			Year		
Description	n of Alternate Activity or Pro	oject:					
Fund	Org (Banner)/ Cost Center (Workday)	Account	Program	Activity	Discipline*	Percent	

<sup>\*</sup>If the program is 1000, the discipline must be entered.

## Date Signature of Requestor / Faculty Date Signature of ESH Grantor SUPPORT DO NOT SUPPORT

**Unit Coordinator of Faculty Requesting ESH** 

**Supervising Dean of Faculty Member** 

Department Chair /

Alternate ESH Assignment Request Acknowledgement:

Date

Date

**APPROVE** 

**DISAPPROVE**