

**JACOBS SCHOOL OF ENGINEERING
FACULTY FTE LEVERAGE PROGRAM REQUEST**

Requests must be received by the Dean's Office, MC0403, by the Deadlines set below prior to the quarter in which program participation will occur. Deadlines: (for FA = Jun 1st) , (for WI = Oct 1st) , (for SP = Feb 1st)

Today's Date: _____

Name: _____

Department: _____

Employee Number: _____

Department Contact: _____

(Please print name & extension)

Signature: _____

Department Approval: _____

(Department Chair's Signature)

Number of Course(s)
Requested for Release: _____

(Whole number)

Relief for Term(s): _____

(Fill in quarter(s)/year)

Weight of Course(s)
Requested for Release: _____

(Value of each Course)

INDEX Number to pay salary: _____

Please list the current year teaching load **BEFORE FLP** and **AFTER FLP**. (Faculty shall **not, as part of this program, teach less than two courses per year**, and at least **one** of those **must be at the undergraduate level**.)

Current Year teaching load **BEFORE FLP** Approval:

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Current Year teaching load **AFTER FLP** Approval:

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Term: _____ , Course number(s): _____

Notes:

Dean's Approval: _____

Date: _____

Executive Vice
Chancellor's Approval: _____

Date: _____

CANCEL/MODIFY NOTIFICATION:

Forward to Dean's office MC0403, once leverage is Cancelled/Modified and signed by Chair.

_____ CANCEL LEVERAGE
_____ MODIFIY and REASON: _____

Chair's Approval: _____

Date: _____