



Stephen F. Austin State University

**Workload Reassignment
Outcome Results**

Faculty Name:

CID:

Academic Unit:

Semester:

Academic Year:

Program Coordinator

Curriculum Development

Research

Service

Grant

Other

To be completed by the last day of the semester for which reassignment was approved. Follow up reports may be required.

Validate the extent to which reassignment outcomes have been fulfilled. Appropriate documentation should be attached or may be requested.

Please justify any failures to fulfill the expected outcome(s):

Please summarize the benefits that accrued to the department, college, and/or university as a result of the reassignment service:

Faculty Signature:

Date: