

Tenured Faculty Enhancement Program Cover Sheet and Letter of Understanding

Name: _____ Rank/Title: _____

College: _____ Department: _____

Period of Reassignment Requested (select only one): fall semester spring semester

Date of Initial Appointment at KSU: _____ Effective Date of Tenure: _____

Previous Leaves/Reassignments:

1) _____ Dates: _____

2) _____ Dates: _____

Project Title: _____

Replacement Budget Funding Statement of Understanding:

We understand and agree to the following stipulations with respect to replacement funding for this faculty member's reassignment:

- The faculty member will not receive additional funds during the semester of the reassignment, but they will continue to draw their usual salary.
- The department will hire part-time instructors to cover the faculty member's courses. The associated instructional replacement costs will come from the part-time faculty pool.
- If unique departmental circumstances necessitate a different financial arrangement (for instance, a limited-term full time hire) the chair should provide a justification in the box below. The financial request will be reviewed by Fiscal Affairs in addition to the selection committee substantive review, and it might impact the applicant's chances.

Chair Financial Request and Justification (only if part-time replacements are deemed inadequate):

Faculty Member Commitments

I, the faculty member, agree to all terms and conditions outlined below:

1. I will work exclusively on the research project for the duration of the reassignment.
2. If the project is not completed by the end of the reassignment, I will continue to work on it until completion.
3. I will conduct a workshop or seminar for colleagues on the outcomes of my reassignment project within 6 months of the end of the reassignment.

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4. I will present the results of my research project in a showcase to university leadership.
5. I will submit report to the Executive Director for Faculty Development, Recognition, and CETL no later than 6 months after the completion of the program. The report will delineate:
 - a. All work and activities completed during the reassignment.
 - b. How the goals and outcomes of the reassignment have been met.
 - c. Any dissemination of results (e.g., publications, presentations, grant proposals submitted, seminars or workshops, materials developed for classroom instruction, etc.). Attach one copy of submitted, published, or presented papers (or other disseminated products).
 - d. Details of the scheduled workshop or seminar (see point 3 above). Please include date, time, location, and title of seminar or workshop.
 - e. Plan for completion of the research project, if not completed.
6. I will submit a report to the Executive Director for Faculty Development, Recognition, and CETL every 6 months on the status of the project until completion. The report will delineate:
 - a. All work and activities completed since the last report.
 - b. Status of the project and estimated time to completion.
 - c. Plan for completion of the project.
7. I will credit the Center for Excellence in Teaching and Learning at Kennesaw State University in every published work (e.g. papers, posters, book chapters, blogs, websites, event programs, etc.) resulting from my participation in the Tenured Faculty Enhancement Program by appending the following statement:

This work was made possible in part with the support the Center for Excellence in Teaching and Learning at Kennesaw State University
8. I understand that the purpose of the program is to provide me time or the opportunity to work on the research project full time. I agree to suspend KSU-related responsibilities and activities unrelated to the project during the term in which the reassignment is taken, except as allowed by the Enhancement Program Guidelines or by the Executive Director for Faculty Development, Recognition, and CETL.
9. I understand that my successful application will be published on the CETL faculty development website as a model for future applicants.
10. I understand that if any of the above conditions are violated, I will not be eligible for funding from any KSU Funding Award program for a 5-year period.

Faculty Member Name

Faculty Member Signature

Date

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Department Head Obligations and Approval

I have read the proposal, approve of its implementation, and agree to the following:

1. I will relieve the faculty member of all academic responsibilities and activities unrelated to the project during the term in which the reassignment is taken, except as allowed by the Tenured Faculty Enhancement Program Guidelines or by the CETL Executive Director.
2. I will change the faculty member's Faculty Performance Agreement (FPA) in Digital Measures to reflect their reassigned duties: Teaching, 0%; Research: 100%; Service, 0%.

Department Head Name

Department Head Signature

Date

Sharing Department Head Name (for jointly appointed faculty)

Sharing Department Head Signature

Date

Dean's Approval

Dean Name

Dean Signature

Date

Sharing Dean Name (for jointly appointed faculty)

Sharing Dean Signature

Date