



## 20\_\_ SUMMER ASSIGNMENT REQUEST

(To be completed by the Chair of the Academic Department)  
[i.e. Administrative Assist., Alternative work load,

Department: \_\_\_\_\_

### Other

Title	Instructor	Emp ID	LHE	Start Date	End Date

\_\_\_\_\_  
*Chairperson* *Date*

\_\_\_\_\_  
*College Dean* *Date*

\_\_\_\_\_  
*Graduate Dean / Summer Sessions* *Date*