

**UNIVERSITY OF HAWAII COMMUNITY COLLEGES  
INSTRUCTIONAL ASSIGNED TIME REQUEST  
FOR THE 20\_\_ - 20\_\_ ACADEMIC YEAR**

Name of Applicant: \_\_\_\_\_

Title of Project: \_\_\_\_\_

College: Windward Community College

Dept./Div.: \_\_\_\_\_

Period of Request: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**A. Assigned Time Objectives:**

(Provide a concise listing of the objectives - knowledge, experience and/or expertise to be gained; or service to be provided. If necessary, attach an additional page; no more than one additional page.)

**B. Description of Assigned Time Activities:**

(Briefly describe the activities planned to meet the *Assigned Time Objectives* stated above and provide an estimate of the number of hours needed to complete each. If necessary, attach an additional page; no more than one additional page.)

C. Number of Semester Hour Credits of Assigned Time Requested: \_\_\_\_\_

Statement of Understanding and Compliance

I understand that assigned time is granted in accordance with University policy, and that should I be authorized assigned time, I shall carry out my stated activities, and within one month after the end of the spring semester, submit a written report on my assigned time activities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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To be completed by the Dean or Designee

If approval is recommended, indicate how the duties of the applicant will be covered during the assigned time period.

Recommendation:

\_\_\_\_\_  
Approval/Non-Approval

\_\_\_\_\_  
Department/Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved/Not Approved

\_\_\_\_\_  
Dean or Designee

\_\_\_\_\_  
Date