

Section 1

Name _____ Employee ID _____

Administrative Title (if applicable) _____ Rank _____

Department _____ Primary Dept ID _____

College _____ Current Salary _____

Contract:
 Academic Year (9 month) Fiscal Year (12 month) Scholarly Reassignment Begin Date _____

Primary Employment:
 Faculty Full Time Part Time Scholarly Reassignment End Date _____

Type of Scholarly Reassignment Requested: Tenure Status:
 With Full Pay (Skip to Section 3) With Partial Pay Tenured Tenure-Track Non-Tenure Track

If the leave period is one semester, total salary should be no more than the current salary, regardless of the funding source; if the leave period is one year, total salary paid by the university, regardless of the funding source, should be no more than one-half of the current salary.

Refer to REG 05.20.24 in Policies, Rules and Regulations for definitions of Scholarly Reassignment types.

Section 2

Scholarly Reassignment with Full Pay

The University will continue funding for both retirement contributions and employee health insurance premiums the same as prior to the Scholarly Reassignment. The faculty member is required to continue making his/her employee pre-tax contributions to TSERS/ORP and health insurance premiums (if applicable) through payroll deduction.

Scholarly Reassignment with Partial Pay

The University will continue funding employee health insurance premiums the same as prior to the Scholarly Reassignment. The University will continue funding the retirement contributions **provided the employee chooses to continue participation in retirement** while on the Scholarly Reassignment with partial pay.

Do you wish to continue participation in retirement while on Scholarly Reassignment?* Yes No

* If you are taking Scholarly Reassignment with partial pay, for less than half pay, you **must** contact the Benefits Office to confirm that the proposed funding meets IRS requirements. You are also encouraged to meet with the Benefits Office once your Scholarly Reassignment is approved to discuss your benefits while on Scholarly Reassignment.

For additional details, please refer to REG 05.20.24, Section 6 Continuation of Benefits.

Section 3

Source of Funds During Leave

Academic Affairs Funds _____
 Other University Funds _____ Total Salary During Leave Period _____
 Non-University Sources _____

If leave period is one semester, total salary should be no more than the current salary, regardless of the funding source; if leave period is one year, total salary paid by the university, regardless of the funding source, should be no more than one-half of the current salary.

Section 4

Attach additional pages to describe the following:

Location and purpose of reassignment, how university responsibilities will be covered during reassignment period (courses, advisee, committee responsibilities), and how this will benefit the university.

Section 5

By signing this form, the recipient of a Scholarly Reassignment with full or partial compensation agrees to:

- o Resume his or her regular assignment for at least one semester following the termination of the scholarly reassignment or repay the university the amount of salary and benefits received from the university during the scholarly reassignment (See REG 05.20.24 Section 4.4).
- o If a TSERS member, return to NC State within 12 months of completion of the scholarly reassignment and make contributions to the retirement system for three (3) additional years to receive credit towards retirement for the scholarly reassignment period (See REG 05.20.24 Section 6.2).
- o Prepare and submit a written report to the department head based on the results of the scholarly reassignment.
- o Prepare and present a seminar to the department, college, university or community upon completion of the scholarly reassignment.

If requestor is not tenured, check one of the following:

- Time on Scholarly Reassignment Off Campus will count towards contract.
- Time on Scholarly Reassignment Off Campus will not count towards contract.

Employee Signature _____ Date _____

Department Head Signature _____ Date _____

Dean Signature _____ Date _____

Submit to College/Unit Personnel Representative