

**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:  With Full Pay (Skip to Section 3)  With Partial Pay Tenure Status:  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.

Questions about this form? Contact Leave Administration at (919) 515-2151

**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 Return to NC State within 12 months of completion of the Scholarly Reassignment.
- o Resume his or her regular assignment for at least one academic year following the completion of the Scholarly Reassignment.
- o Prepare and submit a written report based on the results of the Scholarly Reassignment to the department head and provost.
- o Prepare and present a seminar to the department, college, university or community upon completion of the Scholarly Reassignment.
- o TSERS members must make contributions to the retirement system for three (3) additional years to receive credit towards retirement for the Scholarly Reassignment period.

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**

---