

# **Scholarly Reassignment Request Form**

Name	Employee ID
Administrative Title (if applicable)	Rank
Department	Primary Dept ID
College	Current Salary
Current Contract:  Academic Year (9 month) Fiscal Year (12 mo	Scholarly Reassignment Begin Dateonth)  Scholarly Reassignment End Date
Type of Scholarly Reassignment Requested:	Tenure Status:
Full Pay (one semester) Partial Pay (one a	acad year)
If the leave period is one semester, total salary should be no n total salary paid by the university, regardless of the funding so	more than the current salary, regardless of the funding source. If the leave period is one year, ource, should be no more than one-half of the current salary.
Refer to REG 05.20.24 in Policies, R	ules and Regulations for definitions of Scholarly Reassignment types.

Revised: 6/25/2024

#### Scholarly Reassignment with Full Pay

The University will continue funding for both retirement contributions 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 through payroll deduction.

#### Scholarly Reassignment with Partial Pay

TSERS: Participation in TSERS cannot continue while on unpaid or partially paid Reassigned Time.

ORP: 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 the ORP while on Scholarly Reassignment? Yes No

### Benefits (Health, NCFlex, Life Insurance, etc)

A faculty member on reassigned time is eligible and may elect to continue benefits including the State Health Plan, NC Flex coverages, UNC System Life Insurance, MetLife Legal, and participation in Voluntary Retirement Plans while on scholarly leave. If participation is continued, the faculty member will receive the University's contribution for State Health Plan coverage while on full or partial pay leave.

If no action is taken, these benefits will continue while on scholarly leave. Should you wish to make changes to your coverages while on scholarly leave, changes must be made within 30 days of the scholarly leave begin date (typically July 1st). Please contact the benefits office for assistance with these changes via HR NOW or by calling 919-515-2151.

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



### **DIVISION OF HUMAN RESOURCES**

## Scholarly Reassignment Request Form (Continued)

Section	3			

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Source of Funds During Leave					
Academic Affairs Funds					
Other University Funds Total Salary During Leave Period					
Non-University Sources					
leave period is one semester, total salary should be no more than the current salary, regardless regardless of the funding source, should be no mo					
Section 4					
Attach additional pages to describe the following items. Please address the	e entire list.				
<ul> <li>The location and purpose of reassignment.</li> <li>How university responsibilities will be covered during the reassignment occurses         <ul> <li>advisees</li> <li>committee responsibilities.</li> </ul> </li> <li>How the scholarly reassignment will benefit the university.</li> <li>Whether the faculty member intends to undertake work with another enuniversity) during the scholarly reassignment.</li> <li>Plans related to faculty evaluation when the faculty member returns, inconnual review         <ul> <li>PTR</li> <li>whether the faculty member will be seeking an extension to any</li> </ul> </li> <li>Plans for management of any grants on which the faculty member serves such plans.</li> </ul>	mployer (e.g., work with an industry partner or other cluding: y upcoming reviews.				
Section 5					
By signing this form, the recipient of a Scholarly Reassignment with <b>full</b> or <b>r</b>	partial compensation agrees to:				
o Return to his or her regular assignment and duties for at least the full seme reassignment; enter phased retirement (tenured faculty only); or submit re or she received from the university during scholarly reassignment (See REG	epayment to the university for the amount of salary and benefits he				
o Prepare and submit a written report to the department head based on th	e results of the Scholarly Reassignment.				
o Prepare and present a seminar to the department, college, university or c	community upon completion of the Scholarly Reassignment.				
Employee Signatue	Date				
Department Head Signature	Date				
Dean Signature	Date				

Submit to College/Unit Personnel Representative (Please scan/email the fully signed copy to ncsuleaveteam@ncsu.edu)

Print Form