SCRIPPS INSTITUTION OF OCEANOGRAPHY
FACULTY FTE BUY-OUT PROGRAM REQUEST

Requests must be received by the Dean's Office, MC0210, by April 1 prior to the academic year requested

Name: _____   Date: _____

Signature: _____   Employee ID: _____

Department Contact: _____   Extension: _____
_____(Print Name)

Department Approval: _____
_____(Department Chair signature)

Number of Course(s)
Requested for Release: _____   Relief for Term(s): _____
_____(Whole number)   (Fill in quarter(s)/year)

Weight of Course(s)
Requested for Release: _____   **INDEX** Number to pay salary: _____
_____(Value of each Course)

Please list the current year teaching load **BEFORE Buy-Out** and **AFTER Buy-Out**. (Faculty shall **not, as part of this program, teach less than 4 units per year**.)

Current Year teaching load **BEFORE Buy-Out** Approval:

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Current Year teaching load **AFTER Buy-Out** Approval:

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Term: _____   , Course number(s): _____

Notes:

Dean's Approval: _____   Date: _____

CANCEL/MODIFY NOTIFICATION:
Forward to Dean's office MC0210, once Buy-Out is Canceled/Modified and signed by Chair.

_____ CANCEL Buy-out
_____ MODIFIY and REASON: _____

Chair's Approval: _____   Date: _____