



Request to Utilize Banked Hours Form

Name: _____

Date: _____

School/Center: _____

Proposed Use:

- ☐ Sabbatical Salary Augmentation
☐ Teaching Load Augmentation
☐ Request for Payout

Faculty Section

Request to Utilize Banked Hours:

- ☐ **Instructional** (Number of Banked LHE Requested)
☐ **Non-Instructional** (Number of Banked Hours Requested)

Semester for LHE/Hours to be applied: _____

REQUIRED SIGNATURES:

School/Center Section

Instructor_____
Date_____
School/Center Dean_____
Date

Academic Services Section

Total Lecture Hours	Total Lab Hours	Non-Instructional Hours	Total Hours (Lec & Lab)	Comments

*Please see attached for additional documentation.

Routing:

Received:

Recorded:

Date:

☐ School/Center

☐
☐

☐ Academic Services Department

☐
☐

☐ Academic Services Staff processing

☐
☐

☐ Human Resources

☐
☐

☐ Payroll

☐
☐

_____ (PAID)