**Academic Policy Series** **1435.40B**

# PROPOSAL FOR OFF-CAMPUS DUTY ASSIGNMENT

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| --- | --- |
| Name, Rank, and Department |  |
|  |  |
| Period of Assignment |  |
|  |  |
| Institution(s), Location(s), and Collaborator(s) for Assignment |  |
|  |  |
| Descriptive Title of the Proposed Project |  |
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I agree to return to the University of Arkansas for a full academic year of regular duty following the off-campus duty and to submit to the chair, dean, and provost within six months of the end of the assignment copies of the required work product along with a brief report of activities or to refund the stipend paid during the assignment.

Signature of applicant

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Endorsement of Faculty Committee

Endorsement of the Department Chairperson Endorsement of the Dean

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Endorsement of the Associate VP(s) for Agriculture

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Dates of previous OCDA Assignments. Dates of LWOP since previous OCDA.

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10/15/18

7/1/10