



**University of Arkansas at Little Rock  
 Departmental Impact Statement for  
 Request for Off-Campus Duty Assignment (OCDA)**

Name of Nominee		Date
College	Department	

**Directions:** This form is to be completed by the department chair and approved by the dean. It should be attached as a cover sheet to each off-campus duty assignment (OCDA) request.

Please provide a summary "title" of the OCDA project and indicate the site(s) at which work will be done as well as the semester(s) during which it will be undertaken.

***Example***

<b>Summary Title:</b>	"Fall 1996. Completion of research on impact of Marshall Plan on France, Washington and Paris."
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<b>Summary Title:</b>	
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1. **Indicate the normal duties of the faculty member requesting an OCDA. For example, list the courses, by term, this individual would normally be expected to teach.**

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2. **State how the responsibilities noted in the preceding item will be accomplished within departmental and/or college/school resources during the absence of the person requesting an OCDA. Please include how the department or college will secure and finance any adjunct labor or faculty overload resulting from this OCDA.**

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3. **State how your planning for this OCDA request will mitigate any adverse impact on student progression or completion.**

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**Signatures:**

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean

\_\_\_\_\_  
 Date