



**Faculty Release Time Form (for Assigned Time on Grants)**

<p style="text-align: center;"><b>Faculty Contact Information</b></p> <p>Name: _____  <small style="margin-left: 100px;">Last</small>                      <small style="margin-left: 100px;">First</small>                      <small style="margin-left: 100px;">M.I.</small></p> <p>E-mail: _____</p> <p>Phone: ( _____ ) _____ - _____</p> <p>Department Title: _____</p> <p>Department: _____</p> <p>College: _____</p>	<p style="text-align: center;"><b>Assigned Time</b></p> <p>A. Academic/Annual Salary                      \$ _____</p> <p>B. Units of Release ( WTU'S )                      _____</p> <p>C. Annual Release Time ( B / 30 = C )                      _____ %</p> <p>D. Compensated Salary for Release                      \$ _____</p>	
	<p style="text-align: center;"><b>Anticipated Release Period</b></p> <p>Semester(s) of release: _____</p> <p>Grant Reimburses Benefits:                      Yes                      No</p>	
<p>Assigned to Program/Project Title: _____</p>		
<p>PeopleSoft Chartfield: _____ - _____ - _____ - _____ - _____ - _____ - _____  <small style="margin-left: 100px;">Account</small>                      <small style="margin-left: 100px;">Fund</small>                      <small style="margin-left: 100px;">Dept. ID</small>                      <small style="margin-left: 100px;">Program</small>                      <small style="margin-left: 100px;">Class</small>                      <small style="margin-left: 100px;">Project/Grant</small></p>		
<p>By signing below the employee is certifying that the information stated on this document is correct to the best of his/her knowledge.</p>		
<p><b>Faculty Member Signature:</b></p>	<p><b>Date:</b></p>	<p><b>Notes:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>PI / Account Holder Signature:</b></p>	<p><b>Date:</b></p>	
<p><b>Chair Signature:</b></p>	<p><b>Date:</b></p>	
<p><b>Dean / Administrator Signature:</b></p>	<p><b>Date:</b></p>	
<p><b>ORSP Director Signature:</b></p>	<p><b>Date:</b></p>	

PLEASE SEND TO: OFFICE OF RESEARCH & SPONSORED PROGRAM (SF 302)

Sheet #: \_\_\_\_\_

Date Sent: \_\_\_\_\_