



GRANT RELEASE TIME PRE-APPROVAL FORM

Employee Classification:

- Faculty, Staff, Administrators checkboxes

Name: _____ Title: _____

Department: _____ Annual Base Salary: _____

Length of Contract: _____ Date of Contract Period: _____
9-month, 12-month checkboxes

Proposed Percentage to be Released: _____

% Release Time for Existing Grant Award: _____

Name of Funding Agency and Project of Existing Grant Award: _____

Current Teaching Load (without release time): _____

Approved Teaching Load: (if release time approved): _____

Estimated Total Funding Generated through Requested Activity:

Amount: _____ Source: _____

Signature: _____ Date: _____
(Faculty, Administrator, or Staff Member)

Statement of Policy:

All signers understand that the faculty member, administrator, or staff has been approved for a specific percentage release time to work on the sponsored research or sponsored program project. The funds that are released are state funds that fall under the authority of the department chair or immediate supervisor. The department chair/immediate supervisor will release the faculty member/staff member and will use the state released funds to hire an adjunct or personnel to complete the regular released work of the faculty or staff member.

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
Dean/Director

Approved: _____ Date: _____
Associate Provost

Approved: _____ Date: _____
Provost/Vice President for Academic Affairs