Appendix B Grant Release Request/Approval Form (Attach Pre-proposal Grant Release Form, Personnel Budget Action Form and a copy of the Award Notification)

Classification of Employee seeking Grant Release Time:

	Teaching Faculty Staff Administrative faculty (chair, dean, directo Administrator	pr)		
Name:		Title:		
Home l	Department:	Annual Salary:		
Length	of Contract: 9-month	Date of Contract Period:		
	10-month	Beginning Date of Release:		
	11-month	Ending Date of Release:		
	12-month	Percentage time to be released for this award:		
Current Teaching Load (prior to release):Approved Teaching Load: (after all release time tallied): Nature of Request for Reassignment:				
Contributions of this reassignment to University Strategic Priorities:				
Location of Sponsored Project (Building and room number):				
Total a	nd % in-kind costs, if any: S	Source of Funding:		
Total matching costs, if any:Source of Funding:				
Funding Generated (amount & source) through Requested Activity:				
Funding Required for Reassignment Teaching Load:				
Funding Available to Offset Requirement (Amount & Account Number):				

Signature of: ______ Date: _____ (Teaching Faculty, Administrative Faculty, Administrator, Staff Member) Prior to reassignment of any faculty member, approval must be obtained by all of the appropriate supervisors up to and including the Provost & Vice Chancellor for Academic Affairs:

Statement of Policy:

All signers understand that the teaching faculty member, administrative 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 teaching faculty or staff member.

Approvals (check all that apply):

____ (a) grant release time

____ (b) additional space

____ (c) in-kind costs

____ (d) matching costs

Approved:	Date:	Items	
	(Department Head—a, b, c, and/or d)		
Approved:	Date:	Items	
	(Dean/Director—a, b, c, and/or d)		
Approved:	Date:	Items	
	(Assistant Provost for Administration & Planning/Ad	cademic Affairs/a, b, c, and/or d)	
Approved:	Date:	Items	
	(Associate Vice Chancellor for Facilities/Space Only)		
Approved:	Date:	Items	
	(Vice Chanceller for Finance and Administration/h.		

(Vice Chancellor for Finance and Administration/b, c, and/or d)

cc: Director of Sponsored Programs and Research