

**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 Approval:

\_\_\_\_\_ Teaching Faculty    \_\_\_\_\_ Staff    \_\_\_\_\_ Administrators

\_\_\_\_\_ Administrative faculty (chair, dean, supervisor)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Department: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Proposed Beginning Date of Release: \_\_\_\_\_

Proposed Ending Date of Release: \_\_\_\_\_

Proposed Percentage time to be Released: \_\_\_\_\_

Percentage 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): \_\_\_\_\_

Nature of Request for Reassignment of Time:

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Contributions of this reassignment to the College Strategic Priorities:

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Location of Sponsored Project (Campus site and room number):

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Total and % in-kind costs, if any: \_\_\_\_\_ Source of Funding: \_\_\_\_\_

Total matching costs, if any: \_\_\_\_\_ Source of Funding: \_\_\_\_\_

Funding generated (amount & source) through Requested Activity:

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Funding Required for Reassignment Teaching Load:

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Funding Available to Offset Requirement (Amount & Account Number):

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Signature of: \_\_\_\_\_ Date: \_\_\_\_\_

(Teaching Faculty, Administrative Faculty, Administrator, or Staff Member)

**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 college 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 college 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 support
- \_\_\_\_\_ (d) matching costs

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Items \_\_\_\_\_  
(Department Head ---- a, b, c, and/or d)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Items \_\_\_\_\_  
(Dean --- a, b, c, and/or d)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Items \_\_\_\_\_  
(Provost --- a, b, c, and/or d)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Items \_\_\_\_\_  
(Chief Financial Officer --- b, c, and/or d)

Cc: Director, Office of Sponsored Programs