



## REQUEST FOR FACULTY/STAFF RELEASE TIME



NAME OF FACULTY/STAFF \_\_\_\_\_

RANK \_\_\_\_\_ TITLE \_\_\_\_\_ TOTAL SALARY \$ \_\_\_\_\_  
(If Applicable) (If Applicable)

COLLEGE OF \_\_\_\_\_ DEPARTMENT OF \_\_\_\_\_

Reason(s) for Release Time Request:

\_\_\_\_\_  
\_\_\_\_\_

Release time request is for: Academic Year: \_\_\_\_\_  
(Dates From/To)

Academic Semester: \_\_\_\_\_  
(Dates From/To)

Summer Session: \_\_\_\_\_  
(Dates From/To)

**Source of Funds Supporting Release Time (Grant):**

**Department Receiving Funds (State):**

Replacement Person: \_\_\_\_\_

Budget Name: \_\_\_\_\_

Budget Name: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Budget Amount: \$ \_\_\_\_\_

Budget Amount: \$ \_\_\_\_\_

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**Action on Request:**

Approved

Not Approved

[ ] [ ] \_\_\_\_\_  
Project Director Date

[ ] [ ] \_\_\_\_\_  
Departmental Chair Date

[ ] [ ] \_\_\_\_\_  
Dean Date

[ ] [ ] \_\_\_\_\_  
Assoc VP for Research & Spon Programs Date

[ ] [ ] \_\_\_\_\_  
Vice President for Academic Affairs Date

[ ] [ ] \_\_\_\_\_  
Vice President for Fiscal Affairs Date