



REQUEST FOR FACULTY/STAFF RELEASE TIME



NAME OF FACULTY/STAFF _____

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

COLLEGE: _____ DEPARTMENT: _____

Reasons(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: _____

Budget Name: _____ Replacement Person: _____
Budget Number: _____ Budget Name: _____
Budget Number: _____

Budget Amount: _____ Budget Amount: _____

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