Faculty Release Time Request

DATE: _____

TO: _____ **FROM:** _____

Given that the funding for this release time came from the Chancellor's Office, the attached salary projection is based on the Chancellor's Office Buy-out Rate and no benefits costs.
The attached salary projection cannot be considered final until the Chancellor's Office rate has been finalized. ***Please ensure you have flexibility to cover any additional funding that may be needed. Consult with the College Resource Analyst for updates to the projected costs.***

ACADEMIC YEAR: _____ ◯ **FALL** ◯ **SPRING** **# UNITS:** _____

FACULTY NAME: _____ ◯ **Tenure Track** ◯ **Lecturer**

DEPARTMENT: _____ **EMPL ID#:**

RELEASE TIME DESCRIPTION: _____

SCOPE OF WORK: _____

_____

Account/Chartstring	
Description/Comments	
Funding Source Code	Blank
NACUBO/FIRMS Program	Blank
Activity Code	Blank
Grant/Contract Related	Blank
Community Engagement Related	Blank
Student Success	Blank

If you do not wish to proceed with this request, please decline the Adobe Sign Transaction.

_____ _____
Requester Signature Date
Your signature indicates confirmation of funds available for this release time and that you wish to move forward with this request.

_____ _____
Faculty Signature Date
Your signature indicates that you wish to move forward with this request.

_____ _____
Department Chair Signature Date
Your signature indicates approval of this request.

cc: Department Staff

CO Buy-out Rate