Faculty Release Time Request

DATE: _____

TO: _____ **FROM:** _____

The attached salary projections cannot be considered final until all possible salary and/or benefits rate adjustments have been finalized. ***Please ensure you have flexibility to cover any additional costs resulting from salary and benefits rate adjustments. 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

Salary + Benefits