



## Employee Release Time

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

Employee ID #: \_\_\_\_\_ Appt: [ ] 9 mo [ ] 12 mo

Department: \_\_\_\_\_

Release Time Period: <sup>4</sup> \_\_\_\_\_

COE—ORA Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

--- Period --- Begin	--- End	Project ID #	Budget End Date	Project End Date	Release Amount (\$) <sup>1</sup>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Ensure the dates of the RT align with the project
- Ensure there are funds in the overall project budget
- Ensure there are funds in the **51118** account code

- Is there a pending PMR/PINS: \_\_\_\_\_
- Ensure the PI/Faculty member is a PI/CoPI or named in the project

Comment

\_\_\_\_\_  
Principal Investigator\* <sup>2</sup>

\_\_\_\_\_  
Department Head <sup>2</sup>

\_\_\_\_\_  
Contract Manager <sup>3</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<sup>1</sup> If dollar amount was used in original budget, release time obligation will be converted to equivalent % effort.

<sup>2</sup> Please secure both Principal Investigator AND Department Head signature's.

\*if Principal Investigator is Department Head, Dean's signature of approval required

<sup>3</sup> Contract Manager **MUST** sign, verifying the accuracy of information on this form.

<sup>4</sup> Should **NOT** cross over Fiscal Years and should **NOT** request release time for previous Fiscal Years.