College of Engineering
North Carolina State University

Employee Release Time

Name: _____

Employee ID #: _____

Department: _____

Release Time Period: _____

COE—ORA Approval

_____
Signature

_____
Date

Period Begin	Period End	Project ID #	Release Amount ($)[1]	% Effort
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%
				0.00%

_____
Principal Investigator 2

_____
Date

_____
Department Head 2

_____
Date

_____
Contract Manager 3

_____
Date

1 If dollar amount was used in original budget, release time obligation will be converted to equivalent % effort.
2 Please refer to Department policy for the requirement of the Principal Investigator's and/or Department Head's signature.
3 Contract Manager must sign, verifying the accuracy of this form.