



Employee Release Time

Name: _____
 Employee ID #: _____ Appt: [] 9 mo [] 12 mo
 Department: _____
 Release Time Period: _____⁴

COE—ORA Approval

Signature

Date

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

- 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
- Ensure the PI/Faculty member is a PI/CoPI or named in the project

- Is there a pending PMR: _____
- Is there a pending PINS: _____

Please note any additional detail below

Principal Investigator ²

Department Head ²

Contract Manager ³

Date

Date

Date

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

² Please secure both Principal Investigator **AND** Department Head signature's.

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

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