



Employee Release Time

Name: _____

Employee ID #: _____ Appt: [] 9 mo [] 12 mo

Department: _____

Release Time Period: ⁴ _____

COE—ORA Approval

Signature

Date

--- Begin	--- End	Project ID #	Budget End Date	Project End Date	Release Amount (\$) 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

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

Comment

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.