

## FACULTY COURSE RELEASE OR CREDIT HOUR RELEASE TIME FORM

This form is to be used when full-time faculty are released from their regularly assigned courses or other duties so that they may perform grant-related work and should be submitted prior to the period for which released time is requested. This form is **NOT** to be used for faculty compensation during the summer. A faculty summer contract is needed for that purpose.

|                                  | ity Grant  t Number  |                |                  |   |                               |   |                  |
|----------------------------------|--|----------------|------------------|---|-------------------------------|---|------------------|
| Account                          |  | ınd De         | ept. Progr       | ram Grant ID                              |                               |   |                  |
|                                  | Sponsor  |                |                  |   |                               |   |                  |
|                                  | Name   |                |                  |   |                               | CSU ID  |                  |
| Grant                            | Position   |                |                  |   |                               |   |                  |
| Tim<br>(semester                 | ne Period<br>or dates)   |                |                  |   |                               | Number of Credits<br>for Release                |                  |
|                                  | Dollar<br>Amount   |                |                  | No. to be credited<br>ng released is paid |                               |   |                  |
| To be completed                  | l by Chair:  |                |                  |   |                               |   |                  |
| If released fr                   | om a course, was   | someone hire   | ed as a replacem | ent?Yes                                   | No                            |   |                  |
| If yes, name                     | of replacement:  |                |                  |   |                               |   |                  |
| Course No.                       |  | Section No.    |                  | Amount Paid                               |                               |   |                  |
| Replacement                      | t was charged to   | Combo Code.    |                  |   |                               |   |                  |
|                                  |  |                |                  | a budget transfer<br>f the replacement    |                               | 9-line to the approp                            | riate part-time  |
|                                  | Name (please   | TYPE or PRIN   | NT legibly)      |   | Signature                     |   | Date             |
| Ianager<br>Department            | Name (please   | TYPE or PRIN   | NT legibly)      |   | Signature                     |   | Date             |
| Chair/Director<br>College/School | Name (please TYPE or PRINT legibly)                            |                |                  |   | Signature                     |   | Date             |
| Dean                             | Name (please TYPE or PRINT legibly)  Submit this form to SPRSJ |                |                  | RSJOURNALS@CS                             | Signature OURNALS@CSUOHIO.edu |   | Date             |
| SPRS                             | Name (please   | ? TYPE or PRIN | NT legibly)      | -   | Signature                     |   | Date             |
| -                                |  |                | For Budge        | t Office Use Only                         | y                             |   |                  |
| BTR #                            | Jour   | mal #          | P                | ost Date                                  | <u> </u>                      | Director of Budget &                            | Financial Analys |
| SPRS Routing:                    | Senior Acco  | ountant [      | To Provost O     | ffice for Review                          |                               | ost Office to send to<br>get Office, if applica |                  |