



### FACULTY COURSE RELEASE OR 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.

University Grant Account Number

Fund Dept. Program Grant ID

Sponsor

Name  CSU ID

Grant Position

Time Period (semester or dates)  Number of Credits for Course Release

Dollar Amount  Account No. to be credited where faculty being released is paid from

#### To be completed by Chair:

If released from a course, was someone hired as a replacement? \_\_\_ Yes \_\_\_ No

If yes, name of replacement:

Course No.  Section No.  Amount Paid

Replacement was charged to Combo Code.

**Chair and Dean please note:** Your signature below authorizes a budget transfer from the 0159-line to the appropriate part-time personnel line in the amount indicated above to cover the cost of the replacement.

PI \_\_\_\_\_ Name (please TYPE or PRINT legibly) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Director \_\_\_\_\_ Name (please TYPE or PRINT legibly) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

College/School Dean \_\_\_\_\_ Name (please TYPE or PRINT legibly) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to [SPRSJOURNALS@CSUOHIO.edu](mailto:SPRSJOURNALS@CSUOHIO.edu)

SPRS \_\_\_\_\_ Name (please TYPE or PRINT legibly) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Budget Office Use Only

BTR # \_\_\_\_\_ Journal # \_\_\_\_\_ Post Date \_\_\_\_\_  
Director of Budget & Financial Analysis

SPRS Routing:  Senior Accountant  To Provost Office for Review  Provost Office to send to Budget Office, if applicable