

RELEASE TIME RECOMMENDATION FOR PERSONNEL ACTION

ELIZABETH CITY STATE UNIVERSITY

Name: _____ Effective Date: _____
Division _____ Dept. _____ Date Submitted: _____

ACTION RECOMMENDED

Title of Proposal: _____

SPONSORED PROGRAMS – PRE-AWARD

Section I

Total Amount of Release Time: _____ Equivalent ☐ One Course Release
☐ Two Course Release
Period Beginning: _____ Ending: _____ ☐ One Semester Release
☐ Other

Comments: _____

Director of Sponsored Program/Designee: _____ Date: _____
Principal Investigator: _____ (Met and agrees with the above information.) Date: _____

POST AWARD

Section II

Amount from State: _____ Faculty Member Salary: _____ Pos. No. _____
Amount from Federal: _____ Account Number: _____ (State)
Account Number: _____ (Federal)
"Faculty member has release time support in a funded project; source of salary is being adjusted accordingly between state funds and grant funds."
Post Award Designee: _____ Date: _____
Principal Investigator: _____ (Met and agrees with the above information.) Date: _____
Payroll Personnel: _____ Date: _____

ACADEMIC AFFAIRS

Section III

School: _____
Departmental Chairperson: _____ Date: _____
Dean: _____ Date: _____
Provost/Vice Chancellor for Academic Affairs or Designee: _____ Date: _____

CONTRACTS AND GRANTS

Section IV

G/L Account: _____ (State)
G/L Account: _____ (Federal)
Contracts and Grants Authorized by: _____ Date: _____
Controller/Designee: _____ Date: _____
Comments: _____

HUMAN RESOURCES

Section V

☐ Reviewed Document
☐ Approved by/or Designee: _____ Date: _____
☐ PD-105 Completed and sent to Payroll