

# Release Time Appointment

Revised January 21, 2009

Version 1

**Instructions:** Complete this form for employees when the department "releases" some portion of an individual's time to participate on a sponsored research project. The released time must be for a current or future time period. At the end of the released time, the employee will be returned to his/her original funding. A release time appointment has no effect on the basic pay arrangement of the individual concerned.

Please complete and print this form, obtain all necessary signatures, and forward to the Office of Sponsored Programs prior to the appropriate payroll deadline. Be sure to keep a copy for your records. More detailed instructions are available on our web site: <http://www.morehouse.edu/centers/sponsoredresearch/appsandforms.html>.

**Part I: Appointment Action**      \_\_\_ New Research appointment      Date: \_\_\_\_\_  
   \_\_\_ Change of current appointment  
   \_\_\_ Termination of appointment

**Part II: Employee Information**      a. MC employee ID \_\_\_\_\_  
b. Last name \_\_\_\_\_      c. First name \_\_\_\_\_      d. Middle name \_\_\_\_\_  
e. Job title \_\_\_\_\_

**Part III: Current Employment at MC**  
a. Home department \_\_\_\_\_  
b. Percent FTE \_\_\_\_\_ %  
c. Annual salary \$ \_\_\_\_\_  
d. Length of Appointment:  
    \_\_\_ 12 months  
    \_\_\_ 9 months  
  
    \_\_\_ Other If "Other", how many months? \_\_\_\_\_

**Part IV Release Time Funding Information**  
a. Sponsored research project number \_\_\_\_\_  
b. Release effective dates (mm/dd/yy)  
    Start date \_\_\_\_\_ End date \_\_\_\_\_  
c. Funding Percent \_\_\_\_\_ %  
d. Work performed: \_\_\_ On campus  
                                 \_\_\_ Off campus

**Part IVB Cost Share**  
a. Sponsored research project number \_\_\_\_\_  
b. Release effective dates (mm/dd/yy)  
    Start date \_\_\_\_\_ End Date \_\_\_\_\_  
c. Funding Percent \_\_\_\_\_ %

**Part V: Other Funding To Be Released (required if employee is carried on more than 1 Fund)**

a. Org #	b. Fund #	c. Released %	d. Non-RF Project #	e. Program #	f. User Defined

g. Comments: \_\_\_\_\_

## Part VI: Approvals and Signatures

\_\_\_\_\_  
Employee Signature      Date      Supervisor's Signature      Date  
\_\_\_\_\_  
PI's Signature      Date      Division Signature      Date

**For OSP Use Only**  
Submitted to HR      Date

OSP Approval: \_\_\_\_\_