

Release Time Appointment

Revised May 1, 2001

Version 1.1

Instructions: Complete this form for those appointments where the department or college “releases” some portion of an individual’s time to participate on a Research Foundation project. A release time appointment is considered an internal transaction with the Research Foundation and has no effect on the basic pay arrangement of the individual concerned.

Please print the form, complete it, obtain all appropriate signatures, and forward to the Research Foundation. **Be sure to keep a copy for your records.** More detailed instructions are available on our web site: <http://rf.osu.edu/> (follow the forms link).

Part I Appointment Action:

Date: _____

Part II Employee Information

2a. Last name _____ **b.** First name _____ **c.** Middle name _____
d. Job title _____ **e.** Job code _____ **f.** Job Classification _____
g. Social Security # _____ **h.** OSU employee # _____

Part III Current Employment at OSU

3a. Home department TIU _____
b. Percent FTE _____ %
c. Annual salary _____
d. Length of Appointment:

If 9 months, which quarters?

Autumn

Winter

Spring

Summer

If “Other”, how many months?

Part IV Release Time Information

4a. RF Project number _____
b. Release Effective Dates (mm/dd/yy)
Start date _____ End date _____
c. Type of release time and cost percentages
Sponsor: _____ %
Cost sharing _____ %
d. Work performed:
e. Salary cap for NIH projects:
f. Does this appointment include a practice plan reimbursement? Yes No
If yes, attach requisition.

Part V Destination Release Time Funds (For cost-shared release time, leave this section blank.)

Required

5a. Org. #	b. Fund #	c. % Released	d. Non RF Project #	e. Program #	f. User Defined

Optional

g. Comments:

Part VI Approvals and Signatures

Department Contact Name _____ Phone # _____

Employee signature _____ Date _____

Employee’s supervisor’s signature _____ Date _____

PI’s signature _____ Date _____

College/Division signature _____ Date _____

Counter signature (optional) _____ Date _____

For Research Foundation Use Only

SPO approval needed? Yes No

SPO approval signature _____ Date _____

Research Foundation signature _____ Date _____