

Release Time Appointment

Revised August 31, 2004

Version 2.1

Instructions: Complete this form for employees when the department or college "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; released time for a prior period should be entered as a Personnel Expenditure Transfer (PET). 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 Research Foundation 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://rf.osu.edu/> (Follow the forms link.)

Part I: Appointment Action

New RF appointment
Change of current appointment
Termination of appointment

Date: _____

Part II: Employee Information

a. OSU employee ID: _____

b. Last name _____ c. First name _____ d. Middle name _____

e. Job title _____ f. Job code _____ g. Job classification _____

Part III: Current Employment at OSU

a. Home department TIU _____
b. Percent FTE _____%
c. Annual salary \$ _____
d. Length of Appointment:
12 months
9 months
If 9 months, which quarters?

Autumn Winter Spring Summer
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
e. Salary cap for NIH projects: \$ _____

Part IV B Cost Share

a. Sponsored research project number _____
b. Release effective dates (mm/dd/yy)
Start date _____ End date _____
c. Funding Percent _____%

Part V: HR Funding To Be Released (required if employee has more than 1 JED)

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

g. Comments: _____

Part VI: Approvals and Signatures

Department contact name _____ Phone: _____
E-mail: _____

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 signature _____ Date _____

SPO approval needed? Yes No

Research Foundation signature _____ Date _____