

**South Carolina State University**  
**Faculty/Staff Release Time Form**

It is the policy of South Carolina State University that all Principal Investigators/Project Directors who have Release Time (RT) in a project must complete the following information for each individual with RT and must secure the appropriate signatures before an account is established.

|                                      |  |
|--------------------------------------|--|
| Faculty / Staff                      | Department   |
| Social Security Number               | Budget Period  |
| Semester(s)/ Indicate specific dates | Annual Salary (Indicate whether 9, 10, 11, or 12 months) |
| Project Title                        | Funding Source   |
| Award/Contract Number                | SCSU's Grant Account Number                              |

Please check the appropriate boxes

**Type of Award**

Grant       Cooperative Agreement       Contract       Other

**Funding Type**

Federal       State       Private       Other

This form authorizes the Release Time (RT) for the above stated faculty/staff and the appropriate charges from the account(s) listed below.

| % Release Time | Dollar Amount | Grant Account # | Check only if the amount is In-kind (IK) or Cash (C) match. |                          |
|----------------|---------------|-----------------|---|--------------------------|
|                |               |                 | IK  | C                        |
|                |               |                 | <input type="checkbox"/>                                    | <input type="checkbox"/> |
|                |               |                 | <input type="checkbox"/>                                    | <input type="checkbox"/> |

**IMPORTANT NOTE:** Once signatures are obtained, please return form to the Office of Sponsored Programs.

I have reviewed the information contain herein and hereby submit my signature as approval.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Asst. VP of Sponsored Programs/VP, Economic And Research Development&1890  
Extension and Research Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division of Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Grants and Contract Accounting Department

\_\_\_\_\_  
Date

POSITION# \_\_\_\_\_

| OCC. NO. | BANNER ORG. # / FRS ACCT # | AMOUNT | BEGIN DATE | END DATE | RATE |
|----------|----------------------------|--------|------------|----------|------|
| 001      |                            |        |            |          |      |
| 002      |                            |        |            |          |      |
| 003      |                            |        |            |          |      |
| 004      |                            |        |            |          |      |
| 005      |                            |        |            |          |      |
| 006      |                            |        |            |          |      |
| 007      |                            |        |            |          |      |
| 008      |                            |        |            |          |      |
| 009      |                            |        |            |          |      |
| 010      |                            |        |            |          |      |
| 011      |                            |        |            |          |      |
| 012      |                            |        |            |          |      |
| 013      |                            |        |            |          |      |
| 014      |                            |        |            |          |      |
| 015      |                            |        |            |          |      |

Roll Budget = No

\$

NEWSALARY

PERPAY PERIOD

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\$

NEWSALARY

\*For 1890 Research and Extension Project Only

REV. 05/30/05-FIN