

OSPAR Routing: Grants Management

FACULTY COURSE RELEASE ACKNOWLEDGEMENT FORM

This form is to be used when full-time faculty are released from their regularly assigned courses or other duties so that they may perform grant-related work under an ISRC or TLT grant awarded through the NYIT Office of Academic Affairs. The form should be submitted to the NYIT Office of Sponsored Programs and Research prior to the period for which release time is requested. This form is NOT to be used for faculty compensation during the summer. A faculty summer contract is needed for that purpose. This form is NOT a substitute for the Faculty Compensation Record(s) (Faccomp) which must still be submitted via PeopleSoft.

(ISRC or TLT)			
Project Title			
Project Period	Start Date (month/date/year)	End Date (month/o	date/year)
Name of Full-Time Faculty Member		NYIT ID	
Grant Position (PI, Co-PI, etc.)			
Time Period of Course Release	Semester or Dates	Equivalent Lecture Hours (ELHs) of Course Release	Number of ELHs
Dollar Amount	Account No. to be credited where faculty being released is paid from		
To be completed by Cha	ir:		
If released from a cou	urse, was someone hired as a replacement	ent?No	
If yes, name of replace	cement:		
		Amount Doid (colony only)	
Course No.	Section No.	Amount Paid (salary only; excluding fringe benefits)	
	Section No.		
Replacement was charchair and Dean please rospAR's signature below in the amount indicated as	arged to Budget Code: note: Your signature below authorize	es course release for the above-named fulle e 124011-62210 line to the appropriate par	
Replacement was charent was charent and Dean please representations of the amount indicated and	note: Your signature below authorized authorized a budget transfer from the above to cover the cost of the replacement.	es course release for the above-named fulle 124011-62210 line to the appropriate parent.	rt-time personnel line
Replacement was char Chair and Dean please report of the amount indicated and the amount indicat	note: Your signature below authorized authorized a budget transfer from the above to cover the cost of the replacement.	es course release for the above-named fulle 124011-62210 line to the appropriate parent.	rt-time personnel line
Replacement was char Chair and Dean please report of the amount indicated and the amount indicat	note: Your signature below authorized authorized authorized a budget transfer from the above to cover the cost of the replacement (please TYPE or PRINT legibly)	es course release for the above-named fullee 124011-62210 line to the appropriate parent. Signature	rt-time personnel line Date
Replacement was charent was charent and Dean please represent the amount indicated and the amoun	note: Your signature below authorized authorized authorized a budget transfer from the above to cover the cost of the replacement (please TYPE or PRINT legibly)	es course release for the above-named fullee 124011-62210 line to the appropriate parent. Signature	rt-time personnel line Date

Budget Office

Provost Office

Revised September 14, 2017