Release Time Appointment

Revised July 1, 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

Part V: HR Funding To Be Released (required if employee is on more than 1 general fund)

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: _____

_____ Date
Employee signature

_____ Date
Employee's supervisor's signature

_____ Date
PI's signature

_____ Date
College/Division signature

_____ Date
Counter signature (optional)

For Research Foundation Use Only

SPO approval needed? ☐ Yes ☐ No

_____ Date
SPO approval signature

_____ Date
Research Foundation signature