

Course Release/Salary Redistribution Form

Faculty/Employee Name		
Faculty/Employee Department		
Dates of Release (term/semester/month)		
Total Salary Redistribution (direct salary amount only)		
Current Costing Allocation		
New Costing Allocation		
Please describe the reason for the salary redistribution:	:	
Approvals:		
Principal Investigator Approval	Date	
	and reasonable and is for the purposes/objectives set forth in the terms	s and
conditions of the award		
Department Head Approval	Data	
Department Head Approval	Date	
Dean Approval	Date	
Provost Office Approval	Date	
Sponsored Accounting Approval	Date	