OSRA - GRANT SPONSORED COURSE RELEASE REQUEST FORM

Purpose: This form is to certify/request prospective course release per grant approval form and approved award budget and to ensure / verify the accounting against the grant

SAVANNAH STATE UNIVERSITY

Semester:		Year:	

FACULTY INFORMATION

Faculty Requesting course release:		Department:	
College:		Supervisor:	

COURSE RELEASE INFORMATION [Please complete Items 1 to 8.   Items 9 and 10 will be completed with actuals]

1	2	3	4	5	6	7	8	9	10
Funding Agency	Grant Name	PI Name	Term of Grant	Grant Account #	Release Time Requested to be funded by grant (credit hours)	Projected / Budgeted Cost- to be charged to grant ($)	Is there additional release time paid by SSU cost share (Y/N)*	Verified Actual Replacement Faculty (Name)**	Verified Actual Replacement Cost ($) **

RELEASE TIME COST SHARE DETAILS [Please complete Items 11 to 14.   Items 15 and 16 will be completed with actuals]

11. Release Time Provided by cost share (credit hours)		13. Source of Cost Share Funds Example: State Budget / Department, grant indirect, department indirect funds etc.	
12. Projected Cost share Release time replacement cost ($)		14. Provide Account Number for cost share	
15. Verified Actual Replacement Cost ($):		16. Verified Actual Replacement Faculty Name:	

EMPLOYEE SIGNATURE: PI SIGNATURE (Grant 1):

SUPERVISOR SIGNATURE (Chair/ Dean):   PI SIGNATURE (Grant 2):

*If there is a cost share, please complete the Release Time Cost Share Details table

** If Col 7 is replacement (adjunct) cost, then col 9-10 needed to true up charges to grant

** If Col 7 is per faculty IBS, then col 9-10 is to verify adjunct hires.