



Faculty Name

Faculty ID #

1. Please identify the type of request:

New Request

Resubmission

2. Please fill in the below information for the applicable grant(s):

Grant #1

Grant #2 (if applicable)

Oracle Department

Oracle Department

Oracle Designation

Oracle Designation

Sponsor

Sponsor

Award Period to

Award Period to

Amount requested

Amount requested

Work Start/End Dates to

Work Start/End Dates to

Percent Effort

Percent Effort

Grant Pays Full Benefits?

Grant Pays Full Benefits?

2a. COMPLETE THIS SECTION ONLY IF YOU SELECTED "SUMMER SALARY" IN RESPONSE TO QUESTION 1

Summer Months (paid)

Summer Months (paid)

Summer Months (unpaid)

Summer Months (unpaid)

VPAA Approved > 2 Summer Months?

VPAA Approved > 2 Summer Months?

- Summer Months (paid) in excess of two months must be approved by VPAA/Jim Ralph
- Total Summer Months (paid + unpaid) / 3 = Percent Effort

I certify that the above figures accurately represent the minimum total effort that I plan to work on the above grant(s) indicated during the time period indicated.

Principal Investigator / Proj. Director Date

Human Resources Office Date

Controller's Office Date

Dean of Faculty Office Date

FOR ADMINISTRATIVE USE ONLY

Grant #1 EDORDA

Grant #2 EDORDA

Payroll Period(s) Covered: through

Payroll Period(s) Covered: through

% Effort - AY % Effort - Summer

% Effort - AY % Effort - Summer