

Assignment of Grant-Supported Released Time

Name: _____

SSN: _____

Grant Title: _____

Total released time and terms of use: _____

Budget No(s): _____

Hours to be used in academic year _____:

Term	Hours	Budget No.

Signatures:

Investigator: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

Office for Research: _____ Date: _____

Provost: _____ Date: _____