



UNIVERSITY OF MARYLAND EASTERN SHORE

PERCENT EFFORT APPROVAL FORM

Guidelines for Requesting Release Time

Tenure-track faculty seeking release from normal teaching duties must complete this release form prior to any reduction in course load. No release time will be granted unless it is fully approved. The individual faculty member is responsible for completing the form before the release occurs. The completed form is submitted to the department head for review and approval and then must be routed through DropBox sign for additional signatures. A clear description of what will be accomplished using the release time must accompany the form. **Please cc: Leslie Warren at Inwarren@umes.edu when routing through DropBox sign. (*Denotes recent updates)**

Requestor: _____

Requestor's Phone: _____

Requestor's Title: _____

Department: _____

Requestor's Email: _____

Name of Grant: _____

Amount of Release (Percentage of FTE): _____%

KFS Account # to be charged: _____

***Please note:** Transfer of funds/expenses will be from the KFS account a UMES employee is paid from to the KFS grant number provided.

Amount of Release in exact dollars: \$_____ (***SALARY ONLY! Do not** include fringe benefits)

- Please be sure to verify your salary at <https://phr.umd.edu/phvertimeentrymenu/menu> to calculate accordingly.
- Click on "Complete your time/leave record"
- Scroll to the bottom of the page and click on "Appointment Information". You will find your annual salary here.

Grant Start Date: _____

(This date must match the grant start date in KFS)

Grant End Date: _____

(This date must match the grant end date in KFS)

Release Start Date: _____

Release End Date: _____

Grant PI: _____

Type of Release: Grant Supported Release Program Review Special Projects

Other: _____

Describe the purpose of the release from teaching duties and what specifically will be accomplished:



UNIVERSITY OF MARYLAND EASTERN SHORE

PERCENT EFFORT APPROVAL FORM

Faculty Member Name

Faculty Member Signature

Date

Grant Accountant Name

Grant Accountant Signature

Date

This **must be approved/denied by either the Department Chair, Dean or Provost**. If you are faculty, you **must** obtain approval from your Department Chair. If you are a Department Chair requesting Percent Effort, you **must** obtain approval from your Dean. If you are a Dean requesting Percent Effort, you **must** obtain approval from the Provost. ***If you do not agree to approve this form, please decline in DropBox sign and provide an explanation.***

Required Signatures

Department Chair Name

Department Chair Signature

Date

Department Dean Name (If applicable)

Department Dean Signature

Date

Provost Name (If applicable)

Provost Signature (If applicable)

Date

Tysha R. Palmer

Compliance & Post Award Specialist Name

Compliance & Post Award Specialist Signature

Date

Dr. Joseph Pitula

Director, Office of Research Name

Director, Office of Research Signature

Date

Gertrude Hairston

Director of Human Resources Name

Director of Human Resources Signature

Date

Please cc: Leslie Warren at lnwarren@umes.edu when routing this form through DropBox sign.