



FINANCIAL SERVICES FACULTY RELEASE TIME REIMBURSEMENT

Requested By: _____ Date: _____ RT#: _____

University Enterprises Corporation at CSUSB CSUSB Philanthropic Foundation

In accordance with University and Auxiliary policies and procedures, California State University, San Bernardino will receive payment from the auxiliary noted above for the faculty time specified in this document. The signatories of this form incorporate and agree to comply with the agreement for time assigned to sponsored projects. The University agrees to release the faculty member for the designated percentage of time during the academic semester(s) indicated below.

REQUEST INFORMATION

Fiscal Year:	Project Title:	Semester Base Units:
Name:	Status:	Monthly Base Salary:
College:	Department:	
University Reimbursed Activity Account Receiving Funds Account Number		
Account:	Fund:	Department ID:

RELEASE TIME INFORMATION

Semester	Fall	Spring	AY Total		
% of time per semester					
WTUs per semester					
Salary					
Benefits					
Total					
Budget Information					
Account: 601819	Fund:	DeptID:	Class:	Project:	Total:
Account: 603816	Fund:	DeptID:	Class:	Project:	Total:
Grand Total					

SIGNATURES

Academic Affairs			
Faculty Member:	Date:	Department Chair:	Date:
PI:	Date:	College Dean:	Date:
AA/S:	Date:		
Philanthropic			
Authorized Signer:			Date:
UEC			
Director, Sponsored Programs Admin:			Date:
Budget Approval, Sponsored Programs Admin:			Date:

IF COMPLETED, THIS SECTION SUPERSEDES THE ACCOUNT DISTRIBUTION ABOVE:

Account	Fund	Dept ID	Class	Project	Amount