UNIVERSITY OF MARYLAND EASTERN SHORE

FACULTY RELEASE TIME REQUEST AND 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 to the dean. A clear description of what will be accomplished using the release time must accompany the form. Please cc: Leslie Warren at lnwarren@umes.edu when routing through DropBox sign.

Requestor: _____ Requestor's Phone: _____

Requestor's Title: _____ Department: _____

Requestor's Email: _____ Name of the Grant: _____

Amount of Release (Percentage of FTE): _____% KFS Account # to be charged: _____

Grant Start Date: _____ Grant End Date: _____
(This date must match the grant start date in KFS) (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:

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Faculty Member Name	Faculty Member Signature	Date
Grant Accountant Name	Grant Accountant Signature	Date

To Be Completed by the Department Chair/Dean or Provost

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 Faculty Release Time, you **must** obtain approval from your Dean. If you are a Dean requesting Faculty Release Time, 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.***

If approved, the Department will need to initiate the appropriate HR paperwork for the replacement of the faculty member during their release time. Please consult with Mary Ames, in HR, for any questions regarding the hiring process. Please attach a copy of the signed, approved Faculty Release Time & Approval Form to the hiring contract.

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

Compliance & Post Award Specialist Name	Compliance & Post Award Specialist Signature	Date
Director of Office of Research Name	Director of Office of Research Signature	Date
HR Director Name	HR Director Signature	Date

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