

# ERSO Region

## Faculty Salary Research Exchange Program Request Form

Faculty Name		Faculty Signature	
Academic Department			
Current Academic Department Appointment %			
Date of Request			

Participation % Request FSREP <i>Note: 30% Maximum FSREP during academic year</i>		Applicable Academic Year:	
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Current Cost Share Commitments:			
RA Initials			
	1. % of Effort:		Project Name:
	2. % of Effort:		Project Name:

Proposed/Pending Cost Share Commitments:			
RA Initials			
	1. % of Effort:		Project Name:
	2. % of Effort:		Project Name:

Proposed/Pending Research Leave:			
RA Initials			
	1. % of Effort:		Project Name:
	2. % of Effort:		Project Name:

Current FSREP Commitments:			
RA Initials			
	1. % of Effort:		Project Name:
	2. % of Effort:		Project Name:

RA Initials	FSREP Project to Charge:	% of Participation	Begin Date *	End Date	Chartstring (include PC Fields):	NIH Fund?
	Project #1					
	Project #2					
	Project #3					
	Project #4					

NIH Supplement Chartstring (include PC fields):

Approvals: (For all forms, send approved copy to Maria Odezynskyj)

_____	_____	_____
Academic Department Chair	Signature	Date
_____	_____	_____
Executive Director	Signature	Date
_____	_____	_____
COE, Associate Dean of Research	Signature	Date

\* (Begin date should be a future date, FSREP appointments will not be processed retroactively.)