



Departmental Award Acceptance Form

Section A1 - Please complete **ALL** reassigned time pledged for your award:

Principal Investigator/Investigator (PI):		Department:	
Project Title:		Activity Type:	
Sponsor:		College:	
RFP/Opportunity Notice:			

Section A2 – Academic Effort Proposed

Academic Effort Required:		
Project Duration (Academic Year):		
Fall: Spring:		

Section A3 – Summer Effort

*100% Summer effort excludes faculty from **any** academic activity.

Summer Effort Required:		
--------------------------------	--	--

Description:

--

Section B

Certification by Principal Investigator

I certify that the effort allocations documented above represent the reassigned time required to complete the prospective project and scope of work outlined for the project. I have reviewed all my current teaching obligations and scheduling and have concluded that this project falls within the allowed threshold of effort allocation.

Approval Required

Print Name: _____

Signature: _____ Date: _____

Section C

Certification by Department Chair

I certify that the personnel effort allocations documented above represent the reassigned time required to complete the awarded project and scope of work outlined for the project. I have reviewed current teaching obligations and scheduling for the above individual and have concluded that this project falls within the allowed threshold of effort allocation, and that the reassigned time requested can be purchased for the duration of the project.

Approval Required

Print Name: _____

Signature: _____ Date: _____