

EMPLOYEE NAME: _____ DEPARTMENT: _____

REQUIRED APPROVAL SIGNATURES

Principal Investigator/Department Head:

_____ Date: _____

Associate Provost for Grants and Resource Management:

_____ Date: _____

Provost and Vice President for Academic Affairs:

_____ Date: _____

HUMAN RESOURCES REVIEW AND APPROVAL OF ACTION (for HR Use Only)

Approved Percentage: _____

Approved Amount \$: _____

Approved Salary \$: _____

Effective Date: _____

Director of Human Resources Approval: _____ Date: _____