

# Miami University Cost Sharing and Release Time

This form is used for cost sharing and release time. No additional salary is to be paid using this form.

**MARK ONE:**  **Original**                       **Amended**

## Section 1. To be completed by the Director or Principal Investigator *PRINT or TYPE*

Last Name		First Name		Social Security Number:
MU Position Title/Rank (if applicable):		Position Title listed on Grant budget:		Banner ID Number:
Name of Grant or Contract to be Charged:				Banner Index Code:
School Year Base Salary (if applicable): 20      - 20                      \$		Banner Position #		Account Code:
Appointee's Department:		<i>For Office Use Only: Dept Banner Index</i>		Campus

## Section 2. Calculations

<b>A</b>	Dates of release or cost sharing:	<i>Length in weeks/months:</i>
<b>B</b>	Percentage of time and effort during period:	%
<b>C</b>	Salary for <i>release time</i> to charge grant for above employment period:	\$
	Salary for <i>cost sharing</i> for above employment period:	\$

## Section 3. Approvals – Required

This pay assignment together with all other payments by Miami University for services rendered during the period(s) indicated above, where any portion of such service is rendered under a Federally funded grant or contract, will not exceed an amount equivalent to full-time compensation for such period(s).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Director or Principal Investigator

Print Name: \_\_\_\_\_

*To the best of my knowledge and belief, the above statements are true. I, therefore, request approval.*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Department Chair/Director

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Regional Campus Dean

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Dean

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Provost/Vice President

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Grants and Contracts

To be completed By Payroll Office: Earnings Type: \_\_\_\_\_ City Tax Code: \_\_\_\_\_

Revised: Jan 2006