**PO #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 

**FACULTY/Staff GRANT REIMBURSED TIME FORM**

**Instructions:** This form should be used for faculty with **externally funded** reimbursed time. For academic-year faculty, these forms are required for the **fall and spring semesters only.** Twelve-month faculty with grant reimbursed time and/or overload outside of regular semesters should check “Other” for those periods and attach an explanation of the start and end dates of the activity.

Authorization for Reimbursementis initiated in the college/library in which the faculty member holds his/her regular position. The form initiates a request for reimbursement of salary and benefits to the college/library for faculty with grant/contract reimbursed time (i.e., course release).

1. Note: The form requests estimated salary and benefits; actual salary and benefits at time of reimbursement/payment will reflect any updates. ***Course releases should include benefits at the faculty rate.***

2. Per CSUSM policy, 3 units of reimbursed time = .25 (3/12) for tenure-track faculty; .20 (3/15) for adjunct faculty.

3. Once approval signatures are obtained:

(a) Submit to your department budget manager who will forward it to CSUSM Corporation to receive a Purchase Order number. CSUSM Corporation will return a copy to the staff person indicated on the form.

(b) The department budget manager is responsible for submitting an invoice request to bill CSUSM Corporation for these funds. The Invoice Request form can be found at my.csusm.edu under Administrative Resources.

(c) CSUSM Corporation sends a check to the Cashier’s Office

(d) Cashier deposits the funds into the appropriate salary and benefit accounts.

*Contact the Office of Sponsored Projects @ CSUSM Corporation (x4700) if you have any questions. It is*

*recommended that you send a copy of this form to the College/Department dean or budget manager.*

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| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | **Semester/Year Fall  Spring  Other** | | | | **Year** |
| **Department/College:** | | | | **Title of Grant/Contract:** | | |
| **CSUSM CORPORATION PROJECT INFORMATION** | | | | | | |
| **SAL: 601828** | **Fund:** | | **DEPT:** | **PROJ:** | **Amount:** | |
| **BEN: 603805** | **Fund:** | | **DEPT:** | **PROJ:** | **Amount:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant/Contract REIMBURSED TIME and AUTHORIZATION for REIMBURSEMENT**  Grant/Contract Time Base to be Reimbursed :  **Note**: Per CSUSM policy, 3 units of reimbursed time = .25 (3/12) for tenure-track faculty; .20 (3/15) for adjunct faculty; For Staff indicate 1.0 for full time or other Time Base being reimbursed | | | | | |
| ESTIMATED SALARY  for entire contract period | ESTIMATED BENEFITS: 47.9%faculty & course releases; 56.3% staff, Or Grant specified rate of | | | SALARY & BENEFITS  for entire contract period | |
| **$****+** | **$** | | | **= $** | |
| Chartfield String for SALARY funds: | Account:     Fund:       Dept ID:      Class: | | | | |
| Chartfield String for BENEFIT funds: | Account: 603001 Fund: 48500 Dept ID: 1098 | | | | |
| **Signatures for grant/contract reimbursement to college/department** | | | | | |
|  | | |  | | |
| Project Director | | Date | Associate VP for Research | | Date |
|  | | |  | | |
| Department Chair | | Date | CSUSM CORPORATION | | Date |
|  | | |  | | |
| College Dean | | Date | **Name of Budget Manager to be sent PO information** | | |