



## FACULTY/Staff GRANT REIMBURSED TIME FORM



**Purpose:** This form initiates a request for reimbursement of salary and benefits to the college/library for faculty/staff with grant/contract reimbursed time. This form should be used for faculty/staff with **externally funded** reimbursed time and authorization from their Dean to spend time working on a sponsored project instead of their academic workload (i.e. course release).

**Please Note:**

- This form requests estimated salary and benefits; actual salary and benefits will be reimbursed.
- Course releases should include estimated benefits at the faculty rate.
- Academic-Year Faculty: this form is required for the fall and spring semesters only.
- Twelve-month faculty/staff check "other" and list the dates and attach a description of activity.
- When calculating time base for reimbursement use # units to reimburse / # base units. Per CSUSM policy:
  - ★ Tenure-track Faculty use the 12 unit base (i.e. 3 units/12 unit base = .25 release time base)
  - ★ Adjunct faculty use the 15 unit base (i.e. 3 units/15 unit base = .20 release time base)
  - ★ Twelve-month faculty/staff indicate the time base being reimbursed from percentage (i.e. 10% = .10)

**Authorization for Reimbursement**

- This form is initiated in the college/library in which the faculty/staff member holds his/her regular position.
- Upon completion (including all CSUSM approval signatures), forward to your Sponsored Projects Analyst (SPA). Upon approval from OSP/CSUSM Corporation, a copy will be returned to the Budget Analyst listed below. After the semester, the college/dept. budget analyst is responsible to submit the reimbursement request to the assigned SPA. The request shall include the (1) Inter-Unit Billing form, (2) documentation of actual salary and benefits, and the (3) approved Reimbursed Time Form.

### Grant/Contract REIMBURSED TIME and AUTHORIZATION for REIMBURSEMENT

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Semester:    Fall    Spring    Other: \_\_\_\_\_

Appt Base: Unit/Appt %: \_\_\_\_\_ Classification:    Tenure-Track (12 WTU)    Adjunct (15 WTU)    Staff (Appt)

Released Units/Appt %: \_\_\_\_\_ College/Department: \_\_\_\_\_

Reimb Time Base (RT/Base): \_\_\_\_\_ College/Dept. Budget Analyst: \_\_\_\_\_

<b>ESTIMATED RT SALARY</b> <small>for RT contract period</small>	+	<b>ESTIMATED RT BENEFITS</b> <small>50.0% faculty; 61.0% staff</small>	=	<b>TOTAL EST. SALARY &amp; BENEFITS</b> <small>for RT contract period</small>
\$ _____	+	\$ _____	=	\$ _____

**GRANT/CONTRACT FUNDING INFORMATION**

Title of Grant/Contract: \_\_\_\_\_

Salary Chartfield String:    **Account:** 601828    **Fund:** \_\_\_\_\_    **Project:** \_\_\_\_\_    **Dept ID:** \_\_\_\_\_

Benefit Chartfield String:    **Account:** 603805    **Fund:** \_\_\_\_\_    **Project:** \_\_\_\_\_    **Dept ID:** \_\_\_\_\_

**UNIVERSITY Reimbursement Information:**

Salary Chartfield String:    **Account:** \_\_\_\_\_    **Fund:** \_\_\_\_\_    **Dept ID:** \_\_\_\_\_    **Class:** \_\_\_\_\_

Benefit Chartfield String:    **Account:** 603001    **Fund:** 48500    **Dept ID:** 1098

**Signatures approving grant/contract reimbursement to college/department for workload release time:**

Project Director _____ Date _____	Associate VP for Research _____ Date _____
Department Chair _____ Date _____	Office of Sponsored Projects _____ Date _____
College Dean _____ Date _____	Corp, if required _____