



**FACULTY/Staff GRANT REIMBURSED TIME FORM**  
**Office of Sponsored Projects, CSUSM Corporation**

**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: \_\_\_\_\_

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

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

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

<b>ESTIMATED RT SALARY</b>	+	<b>ESTIMATED RT BENEFITS</b>	=	<b>TOTAL EST. SALARY &amp; BENEFITS</b>
for RT contract period		47.9% faculty; 56.3% staff		for RT contract period
\$ _____	+	\$ _____	=	\$ _____

**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 _____	OSP Sponsored Projects Analyst _____ Date _____
College Dean _____ Date _____	OSP Director/CSUSM Corp Ex. Director, if applicable _____ Date _____