

Course Buyout Confirmation

Researcher _____ Release Year ☐ Summer ☐ Fall ☐ Winter
☐ 0.5 crs ☐ 1.0 crs ☐ 1.5 crs

Department _____ Fund Number: _____

I certify that my instructional duties were reduced for the period and course load indicated above, and that during this period, I conducted research activities related to the research for which this fund was awarded.

Signature, Researcher

Date

Replacement Hire Information

Name _____ Employee ID _____

Replacemet Cost _____ (Plus employer benefits) Transfer Funding to: _____

I certify that the Faculty has released the above mentioned researcher from his/her teaching duties for the specified amount of time in order that he/she may conduct research activities related to his/her research award. The replacement hire so named above has fulfilled the duties from which the researcher was released.

Name, Chair/Director

Signature, Chair/Director

Date

Name, Dean

Signature, Dean

Date