| **Date:** |
| --- |
| **Submission Instructions** | Complete form (online) |
| Print |
| Obtain signatures |
| Send to:Department Chair and Administrator  |

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**Modification of Reduced Responsibility Status**

[Instructions on how to use the forms](https://www.washington.edu/research/forms-and-templates/modification-to-reduced-responsibility-status/).

Reduced Responsibility policy: [GIM 38](https://www.washington.edu/research/policies/gim-38-faculty-reduced-responsibility-status-involving-external-funding/)

| **Faculty Information** |
| --- |
| Faculty Name | Faculty EID | Faculty Title |
| Primary Department/Program & College/School/Campus |
| Secondary Department/Program & College/School/Campus (joint appointment) |
| Effective Date | % Appointment FTE (full-appointment) 9 month 12 month |
| **Modification: Changes to Distribution of Responsibilities DURING RR Status Period** |
|  | **Institutional Base Salary****(% Responsibility)**  | **Source of Funding****(UW Budget #)** | **IBS****(% Responsibility) with RR Status** | **Source(s) of Funding****(UW Budget #)** |
| IBS (Monthly full-time rate) |  |  |  |  |
| **Salary Distribution** |  |  |  |  |
| Grant A |  |  |  |  |
| Grant B |  |  |  |  |
| Institutional Scholarly activities (e.g., grant writing, teaching, clinical, service, ADS, ENS) |  |  |  |  |
| **Total Paid Monthly IBS** |  |  |  |  |
| **Authorization** |
| Faculty  | Signature | Date |
| Chair/Director(s)  | Signature | Date |
| Dean/Chancellor(s)  | Signature | Date |