| **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 | |