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| --- |
| **Date:** |
| **Submission Instructions** | Complete form (online) |
| Print |
| Obtain signatures |
| Send original to:Dept Chair / Program Director |
| Send copy to:Faculty Member & Joint Appointing Depts |

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**Form A - Documenting Reduced Responsibility Status**

Initial Application \_\_\_ Year 2 \_\_\_ Year 3 \_\_\_

Mid-cycle Change \_\_\_ End RR Status \_\_\_

Effective Date \_\_\_\_\_\_\_\_\_\_

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| **Faculty Information** |
| Faculty Name | EID | Title |
| Primary Department/Program & College/School/Campus |
| Secondary Department/Program & College/School/Campus (joint appointments) |
| Appointment FTE (Prior to RR status) | Monthly Institutional Base Salary (100% FTE) | Service Period:9 month 12 month |
| **Part A: Distribution of Responsibilities at Appointment level PRIOR to RR Status**  |
| **Sources of Funding** | **Monthly Salary (IBS) provided ($)** | **Effort (%)** | **UW Budget #** |
| *\*Provide detail for ALL fund sources impacted. Sources not impacted may be combined in “Institutional Scholarly activities” section. Use Form B to document multiple funding sources if necessary* |
| Fund Source (e.g., Grant/Gift A) |  |  |  |
| Fund Source (e.g., Grant/Gift B) or total transferred from form B |  |  |  |
| Institutional Scholarly activities (e.g., grant writing, teaching, clinical service, ADS, ENS) |  |  |  |
| **Total Paid Monthly IBS** |  |  |  |
| **Part B: Distribution of Responsibilities DURING RR Status Period** |
| **Sources of Funding** | **Monthly Salary (IBS) Provided ($)** | **FTE (%)** | **UW Budget #** |
| *\*Provide detail for ALL fund sources impacted. Sources not impacted may be combined in “Institutional Scholarly activities” section. Use Form B to document multiple funding sources if necessary* |
| Fund Source (e.g., Grant/Gift A) |  |  |  |
| Fund Source (e.g., Grant/Gift B) or total transferred from form B) |  |  |  |
| Institutional Scholarly activities (e.g., grant writing, teaching, clinical, service, ADS, ENS) |  |  |  |
| **Total Monthly Compensation During RR Status** |  |  |  |
| RR Status Impact (Difference Between Part A and Part B % FTE) |  |  |  |
| **Authorization** |
| Faculty  | Signature | Date |
| Chair/Director(s)  | Signature | Date |
| Dean/Chancellor(s)  | Signature | Date |

**FORM B**

**Documenting Reduced Responsibility Status (cont’d.)**

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| **Part A (cont’d.): Distribution of Responsibilities at Appointment level PRIOR to RR Status**  |
| **Sources of Funding** | **Monthly Salary provided ($)** | **Effort (%)** | **UW Budget #** |
| *\*Continued from Form A* |
| Fund Source (e.g., Grant/Gift C) |  |  |  |
| Fund Source (e.g., Grant/Gift D) |  |  |  |
| Fund Source (e.g., Grant/Gift E) |  |  |  |
| Fund Source (e.g., Grant/Gift F) |  |  |  |
| **Subtotal Paid Monthly IBS (Transfer to Form A, Part A)** |  |  |  |
| **Part B: Distribution of Responsibilities DURING RR Status Period (cont’d.)** |
| **Sources of Funding** | **Monthly Salary Provided ($)** | **FTE (%)** | **UW Budget #** |
| *\*Use this Form to document multiple funding sources* |
| Fund Source (e.g., Grant/Gift C) |  |  |  |
| Fund Source (e.g., Grant/Gift D) |  |  |  |
| Fund Source (e.g., Grant/Gift E |  |  |  |
| Fund Source (e.g., Grant/Gift F) |  |  |  |
| **Subtotal Monthly Compensation During RR Status (Transfer to Form A, Part B)** |  |  |  |