

CEMS Academic Year Effort Release Form

To be completed by the Faculty Member

Faculty Member _____

Department _____

Sources of Funding	Semester	Effort %

Will this release be used for any relief of teaching duties? Yes No

Will this release be used for relief of any other duties? Yes No

Please detail the other duties being relieved:

Faculty Member Signature _____

Date _____

Department Chair Approval

Name: _____ Signature: _____ Date _____

Dean Approval

Name: _____ Signature: _____ Date _____

Dean's Office Use Only				
Sources of Funding	Semester	Effort %	Salary	Fringe