Salary Support for Full-Time Specialized Research Faculty
Application Form

Name:		**Employee ID #:**	
Dept/Center:		**Job Class:**	

1. Attach a brief justification for receiving salary support from the OVPR, including information regarding what proposal(s) will be developed while supported on this funding.

2. Attach the following information for the applicant's proposals currently under development:
   - Date of anticipated submission;
   - Project title;
   - Sponsoring agency name;
   - Proposed duration;
   - Applicant's role in the project; and
   - Percent of salary to be funded from project.

Approvals

Supervisor's Name: _____ **Signature & Date**: _____

Chair/Director's Name: _____ **Signature & Date**: _____

Dean's Name: _____ **Signature & Date**: _____

FOR OVPR USE ONLY

Approved: ◯ **Denied:** ◯

Effective Dates: _____ to _____

OVPR Signature: _____