

**UNIVERSITY OF VIRGINIA**  
**RELEASE TIME PROPOSAL FOR PROFESSIONAL PERSONNEL**  
Not assigned to Principal Investigator or program Director's Department

Principal Investigator \_\_\_\_\_

Preparation Date \_\_\_\_\_

Sponsor \_\_\_\_\_

Budget Period \_\_\_\_\_ to \_\_\_\_\_

Project Title \_\_\_\_\_

Name & Signature of Professional Personnel	EFFORT (this proposal)	SALARY (base only) this proposal	I agree to release this person for this project as indicated
1. Signature    Name (Print or Type)			Department Chair Signature    Name (Print or Type)
2. Signature    Name (Print or Type)			Department Chair Signature    Name (Print or Type)
3. Signature    Name (Print or Type)			Department Chair Signature    Name (Print or Type)
4. Signature    Name (Print or Type)			Department Chair Signature    Name (Print or Type)

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

\* This form is used to obtain the signature(s) of the appropriate department chairman and dean of any professional personnel outside your department or school who have committed effort in support of your grant. The form should be completed for submission with your grant proposal to the School of Medicine, Office of Grants & Contracts Administration, **Davis 5 room 5293** .