



Instructions

Fill out relevant portions below

Faculty Name	Type of Instructional Buyout	Internal	External/Grant Funded
Department	Fiscal Year		
Submitted by Name	Faculty Member Payroll Period	Academic	Fiscal

Source of Funding

Project Name	Total Buyout Request INTERNAL ONLY (\$6,000 per course)
Combo Code	EXTERNAL ONLY: 10% of Academic Salary/Course
Number of Courses	Amount of Replacement Teaching Funds *

Faculty Annual Salary	Semester	Spring	Fall
-----------------------	----------	--------	------

* Min of PhD 11.111% academic rate/course. Funds will be transferred to departmental FCSIB

Funding Source
Chartstring

Dept ID	Fund	Program	Class	Account	Project	PC Bus Unit	Activity
---------	------	---------	-------	---------	---------	-------------	----------

Return Dept
Discretionary Funds
To

Dept ID	Fund	Program	Class	Account	Project	PC Bus Unit	Activity
---------	------	---------	-------	---------	---------	-------------	----------

Course #1 Other Comments

Course #2

Course #3

Department Head Name Date Signature

FC Research Support (fcrest@uga.edu) Date Signature

Division Associate Dean Name Date Signature

Instructional Dean Name Date Signature

Completed form must be e-mailed to FC Business Office (gcparker@uga.edu)