

University of Arkansas
Faculty Salary Funding Incentive Plan
Request for Participation

Employee Name: _____ Department: _____

Position Title: _____

Estimated Amount of Savings: _____

Justification (to include name of granting agency and cost center number:

Name of person initiating this form: _____

Phone Number: _____ Email Address: _____

Date Completed: _____

Authorized Signatures:

| | | | |
|--|------------|-----------|-------|
| Department Chair/Head | _____ | _____ | _____ |
| | Print Name | Sign Name | Date |
| Academic Dean | _____ | _____ | _____ |
| | Print Name | Sign Name | Date |
| Vice Chancellor for Research and Innovation | _____ | _____ | _____ |
| | Print Name | Sign Name | Date |
| Vice President for Agriculture (for Experiment Station only) | _____ | _____ | _____ |
| | Print Name | Sign Name | Date |
| Provost and Executive Vice Chancellor for Academic Affairs | _____ | _____ | _____ |
| | Print Name | Sign Name | Date |

Please return completed form to your Academic Dean's Office