

CCEE Release Time Earmark Request Form

Date:

Name:

Release Time
Dates:

Amount of
Release Time
Submitted:

****Amount of
Earmark
Request:**

Purpose of
Earmark:

****By signing below, I understand that if the item(s) are not encumbered by March 31st, the release time funds will revert to the department**

Faculty Signature:

Date:

Dept Head Signature:

Date:

*****Earmark is not valid without Department Head's Signature**