

**FUNDING AGREEMENT AND REVIEW OF UNIT'S INSTRUCTIONAL PLANS WHEN FACULTY
HAVE BEEN AWARDED A PRESTIGIOUS SCHOLARSHIP OR FELLOWSHIP**

Empl ID	Applicant name	Academic rank	Academic unit
Awarding Agent of scholarship/fellowship: _____			
Award amount: _____ Award dates: _____ through _____			

Please attach award documentation together with this completed form, and submit to the chair/director of your academic unit to obtain all required approvals. Notification should also be forwarded to the College and the Manager of Academic Personnel Records in the Senior Vice President & Provost's Office.

The award stipend must be at least \$40,000/year or \$20,000/semester. The department must receive the full amount of the stipend, either directly from the Awarding Agent or from you; there may be additional components to the award beyond a stipend. The funds will be used first to meet your usual teaching obligations and may then be used, at the discretion of the chair/director and dean, to further assist with allowable travel expenses, supplemental pay for increased cost of living expenses, etc. *Only in extraordinary cases will approval be given for awards of less than \$40,000 for the academic year as that minimum amount is normally needed to ensure adequate supplementary funds.*

Example: A faculty member's 9 month base salary is \$65,000. The award stipend is \$40,000 for a nine-month fellowship. The faculty member continues to receive \$65,000 income, either from the university alone or in combination with the Awarding Agent as described below, and the unit either receives or retains an additional \$40,000 in the faculty member's budgeted line. A qualified instructor is hired at \$5,000 per course to teach four courses the faculty member would normally have taught. The department then has residual funds of \$20,000 that, at the discretion of the chair/director and dean, may be used as described above.

CHOOSE OPTION A OR B

A. When the award is processed through Office of Research Services.

When the proposal is submitted through ORS, the resulting award is usually paid to the university. The money is then transferred to the unit as detailed above. The faculty member remains appointed at regular salary and benefits. If the application was not submitted through ORS, the award may still be paid through ORS, if the sponsor allows and complies with university policy.

B. When the award/fellowship is paid directly to the individual.

The recipient may choose either to keep the award and take a salary reduction (Option 1), or to retain full OU salary and pay the award to the university (Option 2). The individual may wish to consult the Benefits office and a financial advisor to discuss the tax and benefits consequences of each option. *If selecting B, you MUST choose Option 1 or Option 2 below.*

Option 1

I request a temporary salary reduction for the duration of my award. *I understand that my base salary for the duration of the award will be reduced by the amount of the award stipend. I understand that this reduction will proportionately lessen University contributions to my retirement benefits and may also affect life, disability, and other benefits. I understand that stipend funds will be used to defray the cost of replacement instruction for the courses I would have normally been teaching in-load during the duration of the award. Any residual funds after covering the cost of instruction may be used, at the discretion of my chair/director and dean, to further assist with allowable travel expenses, supplemental pay for increased cost of living expenses, etc.*

I AGREE TO REDUCE MY OU SALARY BY THE FULL AWARD AMOUNT FOR THE DURATION OF THE AWARD.

Applicant signature: _____

Date _____

Option 2.

I request my full OU salary and agree to reimburse the University the amount of the award stipend. *I understand the full award stipend must be paid back to the university. I understand that stipend funds will be used to defray the cost of replacement instruction for the courses I would have normally been teaching in-load during the duration of the award. Any residual funds after covering the cost of instruction may be used, at the discretion of my chair/director and dean, to further assist with allowable travel expenses, supplemental pay for increased cost of living expenses, etc.*

I AGREE TO PAY THE UNIVERSITY OF OKLAHOMA THE FULL AWARD AMOUNT IN CONSIDERATION OF RECEIVING MY FULL OU SALARY.

Applicant signature: _____

Date _____

C. Plans for Replacement Instruction:

Courses that applicant would have been assigned to teach in-load during the duration of the award				Last time these courses were taught		Replacement Instruction Plan
Semester	Prefix	Number	Enrollment Limit	Semester	Actual Enrollment	Indicate replacement instructor (if known), title, salary, or payment per course.

How many faculty in this unit will be on leave or sabbatical during the time frame requested by this individual? _____ of _____ faculty FTE.

D. Faculty distribution of effort in teaching, research and service in CY _____ will be changed to _____/_____/% during this leave.

Signatures from academic unit:

_____ ACADEMIC CHAIR/DIRECTOR DATE _____ COMMITTEE A MEMBER DATE _____ COMMITTEE A MEMBER DATE _____

E. TO BE COMPLETED BY COLLEGE DEAN

Available amount of funds from applicant's salary line will be \$ _____

These available funds will be allocated as follows: Replacement instructions \$ _____
Residual funds \$ _____

Planned use for residual funds _____

_____ COLLEGE DEAN DATE _____ Sr. VP & PROVOST DATE _____