

IFAS FACULTY SALARY SAVINGS PLAN APPLICATION FORM

NAME _____ **UFID** _____

TITLE _____ **UNIT** _____

PROPOSED DURATION: _____ **9-MONTH FACULTY:** _____

List project funding source(s) for non-state funds. UF Foundation/SHARE and Faculty Service Program funds are not eligible for this program. Please indicate project number(s), dates and percentage of distribution.

Project #	Dates	Distribution percentage	Funding Source

The faculty member's signature verifies agreement to the following statements and is required prior to the implementation of a FSSP:

- *Participation is strictly voluntary.
- *Effort reporting and cost-sharing obligations must be considered and addressed.
- *Faculty members are expected to maintain or enhance their historic performance. For example, the number of graduate students supported and mentored, extension educational programs conducted, and number and quality of courses taught should be maintained or enhanced.
- *FSSP applications are only accepted for up to a single year, in advance of the term. If the award is multi-year, the PI must reapply for the FSSP covering the new fiscal year. **No retroactive applications will be accepted.**
- *For 9-month faculty, salary savings will be returned as summer salary, unless requested otherwise. Any overage in excess of a summer term will be returned as program dollars in September. For 12-month faculty, all salary savings will be returned as program dollars, to be spent by the fiscal year end.
- *No distribution less than \$1000 will be made or carried forward.
- *Distributions of the salary savings will be made in May for 9-month faculty to extend the full summer term and in August for 12-month faculty.
- ***Payroll distributions to the relevant projects are the department's responsibility.**

Unit Grants Manager Contact Information (name & phone & email)

Faculty Member (signature and date)

Approved: Department Chair/REC Director