

RESEARCH INCENTIVE AWARD

Department: _____ Date: _____

Faculty Name: _____ Title: _____

Personnel #: _____ Annual Base Salary (\$): _____ 12-Month ___ 9-Month ___

Fiscal Year (e.g., FY12): _____

- Base Salary Recovery (\$): _____ Base Salary Recovery (%): _____

Total Incentive: Amount (\$): _____ % of Base Salary

Method of Payment:

- Salary Supplement
- General Operating Fund

Calculations (*following approval, to be entered into IRIS workflow notes as basis for award amount*):

Comments:

- I certify that the above individual met all departmental expectations relative to faculty performance during the period considered for this award.
- I certify that the incentive amount noted above is appropriate based on College RIP guidelines and is equitable based on the formula used for all other faculty within the department.

Department Head

Date

Dean/Associate Dean

Date