



Faculty Salary Savings Request Form

College of Geosciences
202 Eller O&M Building
College Station, TX
77843

Phone: 979-862-1146

Date of Request:

Requestor Name:

Department:

Short Title of Request
Purpose

I have exhausted all resources available to me required to support this request for return of state funds.

Request Description
(Provide detailed description of how the requested salary savings will be used)

Consequences of not funding this request

Describe below how this request supports the College's/Department's strategic initiative(s)

Total cost of initiative (project, eqpt., personnel, etc.)

Department Contribution towards this initiative

Total support requested from college for this initiative

Signature of Faculty Member:

Signature of Department Head:

For business office use only

Signature of Dean:

Approved

Rejected

Amount Approved

Account to support request

AD signature signifying reserve/xfer

Transfer Date

Transfer Doc ID