

Utah Valley University
Office of Sponsored Programs
University Commitment Form

To comply with federal guidelines, this form must be filled out and emailed to the Office of Sponsored Programs Accounting (SPONSOREDPROGRAMS@uvu.edu) for routing **prior to the beginning of the commitment period**

Name:	UVU ID:	Performance Period Dates:
Department:	Base Salary:	Employee Classification (i.e. 9/10, 11, or 12 month faculty, full-time staff, executive):

Will you receive supplemental, adjunct or overload pay during this performance period?			Yes	No
See UVU Policy 363		Describe activity and amount received:		
Will you buy out a portion of your employment contract during this performance period?			Yes	No
If yes, percent of effort:		If yes, please describe activity:		
Will you have Instructional Credit Hour Equivalents (ICHE) assigned during the performance period?			Yes	No
If yes, how many ICHE?:		If yes, please describe activity:		
Will you have Academic Credit Hour Equivalents (ACHE) assigned during the performance period?			Yes	No
If yes, how many ACHE?		If yes, please describe activity:		
5. Will you have Governance Credit Hour Equivalents (GCHE) assigned during the performance period?			Yes	No
If yes, how many GCHE?		If yes, please describe activity:		

Sponsored Program Performance Activities: (Please list work that you anticipate to perform on grants, contracts, MOUs, and other sponsored programs during the performance period.)				
Name of Sponsored Program	Funding Agency	Banner Index	Direct Cost or Cost Share**	Percent of Effort Expended

****Direct costs** are those costs that can be directly attributed to carrying out the work of the proposed project and can be documented by recordkeeping mechanisms and are paid for by the sponsor or granting organization. **Cost-Share** refers to the costs of a project not borne by the sponsor or granting organization.

Please be aware if your effort or workload changes, or if your maximum institutional base salary is reached for the fiscal year (July 1 – June 30), you will be ineligible to receive any additional payment or compensation for your participation on this sponsored project as well as other externally funded projects.

I certify, that to the best of my knowledge, the above distribution of effort represents a reasonable account of all work that will be performed by me during the performance period. *If my effort commitment changed during the summer or academic school year, I understand it was my responsibility to notify OSP immediately.*

Signatures		
Position	Signature	Date
Employee (all)		
Principal Investigator/Program Director (all)		
Direct Supervisor of Principal Investigator/Program Director		
Office of Sponsored Programs Representative		
Office of Sponsored Programs Accountant		