## Utah Valley University Office of Sponsored Programs University Commitment Form

**Performance Period Dates:** 

faculty, full-time staff, executive ):

Employee Classification (i.e. 9/10, 11, or 12 month

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

UVU ID:

Base Salary:

Name:

Department:

Will you receive supplen	nental, adjunct or ove	rload pay during this	performance period	1?	Yes	No
See UVU Policy 363	Describe activ	ity and amount				
Will you buy out a portion	n of your employmer	nt contract during this	s performance perio	d?	Yes	No
If yes, percent of effort:	If yes, please activity:	describe				1
Will you have Instructio	nal Credit Hour Equiv	/alents (ICHE) assign	ed during the perfor	mance period?	Yes	No
If yes, how many ICHE?:	If yes, please activity:	describe				I
Will you have Academic performance period?	Credit Hour Equival	ents (ACHE) assigned	d during the		Yes	No
If yes, how many ACHE?	If yes, please activity:	describe				<u>'</u>
5. Will you have Govern period?	ance Credit Hour Equ	uivalents (GCHE) ass	igned during the per	formance	Yes	No
If yes, how many GCHE?	If yes, please describe activity:					
Sponsored Program Pe MOUs, and other sponso				rm on grants, co	ntracts,	
Name of Sponsored Pro	gram	Funding Agency	Banner Index	Direct Cost of Cost Share**		ent of Effort ended
			1	1	1	

<sup>\*\*</sup>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 <u>account of all work that will be</u> <u>performed by me</u> <u>during the performance period</u>. 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				