Intent to Participate in the Incentive Program for Researchers (IPR)

One form is needed for each period Jul-Dec and Jan-Jun
This form needs to be initiated before the 20th of the month your effort is to be charged to your grant(s).
Retroactive requests cannot be processed.

Name: _____ **Department:** _____

MSU ID _____ **Institutional Base Salary** _____

In order to participate in the plan, you must affirm the following statements apply to your funding source(s):

☐ IPR Does not interfere with any cost sharing commitments

☐ I understand if I submit more than my research % of effort for IPR, the costs associated with my **approved** teaching replacement will be deducted before processing the monthly incentive payment(s).

To be completed by Faculty Member:

☐ I anticipate receiving additional compensation outside of the IPR Program

_____ Amount that will be received

☐ I understand that maximum IPR pay and additional compensation from all sources cannot exceed 25% of my IBS.

To Be Completed by the Department Head:

☐ Faculty member received at least "meets expectations" in most recent annual review.

☐ % of IPR does not exceed % of Research workload (no teaching replacement required).

OR

☐ % of IPR exceeded % of Research workload: $ _____ - Total Cost of Teaching Replacement

Faculty workload breakdown for the upcoming fiscal year is as follows:

____ % Teaching
____ % Research
____ % Outreach/Service/Other

I have read the IPR policy (http://www.montana.edu/research/osp/documents/Incentive_Program_Research_Policy.html):

Faculty Member Signature *Date*

Department Head Signature *Date*

Dean/AES/ES Signature *Date*

Provost Signature *Date*

OSP Signature *Date*

DocuSign Routing Queue:

Sign

Faculty Member	As appropriate
Department Head	Home Department Head
Dean	Home Dean
Provost	jheard@montana.edu
OSP	Fiscal Manger https://www.montana.edu/research/osp/aboutus/fiscal_managers_by_org.html

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EPAF Processor	As appropriate for your department
Human Resources	MSUHumanResources@montana.edu