

Request for Salary Recovery Waiver

PI Name: _____

Department: _____

Sponsor: _____

Due Date: _____

PI & Co-PIs Percentage of Effort on Project: _____

Minimum Recovery Rate: 10% Minimum Recovery Amount: _____

Requested Waived Rate: _____ **Requested Recovery Amount:** _____

Justification for Waiver Request:

Department Chair / Date

Dean / Date

SPO Review: _____
Jessica Berg (or Designee) / Date

Approval: _____
Amitra Wall, Interim Provost (or Designee) / Date

OM Approval: _____
Scott Goodman (or Designee) / Date

Policy:

<https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary.buffalostate.edu/files/uploads/Documents/SalaryRecoveryPolicy04-30-20.pdf>