ERSO Region

Faculty Salary Research Exchange Program Request Form

Faculty Name		Faculty Signature	
Academic Department			
Current Academic Department Appointment %			
Date of Request			

Participation % Request FSREP *Note: 30% Maximum FSREP during academic year*		**Applicable Academic Year:**	

Current Cost Share Commitments:

RA Initials				
	1. % of Effort:		Project Name:	
	2: % of Effort:		Project Name:	

Proposed/Pending Cost Share Commitments:

RA Initials				
	1. % of Effort:		Project Name:	
	2: % of Effort:		Project Name:	

Proposed/Pending Research Leave:

RA Initials				
	1. % of Effort:		Project Name:	
	2: % of Effort:		Project Name:	

Current FSREP Commitments:

RA Initials				
	1. % of Effort:		Project Name:	
	2: % of Effort:		Project Name:	

RA Initials	FSREP Project to Charge:	% of Participation	Begin Date *	End Date	Chartstring (include PC Fields):	NIH Fund?
	Project #1					☐
	Project #2					☐
	Project #3					☐
	Project #4					☐
NIH Supplement Chartstring (include PC fields):						

Approvals:

Copies of signed forms should be sent to the Academic Personnel (AP) analyst with a copy to:
ERSO HR Ops (ersohrops@erso.berkeley.edu) and to Maria Odezynskyj (yomaria@berkeley.edu)
For CDSS units - only send to cdss-finance@berkeley.edu
For MSP Faculty - only send to wnieters@berkeley.edu

Academic Department Chair	**Signature**	**Date**
Executive Director	**Signature**	**Date**
COE, Associate Dean of Research	**Signature**	**Date**

*** (Begin date should be a future date, FSREP appointments will not be processed retroactively.)**

Date last updated: March 2026