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

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Name: _____   **Department:** _____

GID #: _____   **Institutional Base** _____

Charge the following salary to my grant fund(s):

		Grant Indexes for IPR Participation (acct 61123P)						Indexes for IPR Payout (should total 100% and acct 61132R)					
		Index #	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*	*Index #*	*Index %*
July Pay 8	$							**July** Pay 8	$				
August Pay 9	$							**August** Pay 9	$				
Sept Pay 10	$							**Sept** Pay 10	$				
Oct Pay 11	$							**Oct** Pay 11	$				
Nov Pay 12	$							**Nov** Pay 12	$				
Dec Pay 1	$							**Dec** Pay 1	$				
Total	$							**Total**	$				

Labor Distribution Calculation (by month)

Institutional Base Salary _____

# of Pays per AY (9 or 10) _____

Monthly Pay _____

IPR Participation Total* _____
* This calculation is for one month effort. If months vary simply
change this amount for each month

Apportionment to Instruction and Grant Funds

	Total mo. Sal	EPAF %
Instructional Index	_____	_____
Grant #1	_____	_____
Grant #2	_____	_____
Grant #3	_____	_____
Total monthly salary	_____	_____