

Sponsored Programs Employee Benefit Summary

This form must be completed for Sponsored Programs which include costs for full-time personnel. This summary sheet must be routed concurrently with the original application and Sponsored Program Transmittal form.

Troy University, Office of Sponsored Programs
 Adams Administration Building, Suite 248
 Troy, Alabama 36082
 334 | 670.3102 (phone)
 osp@troy.edu
 Modified: March 2016

Sponsored Program Funding Source _____

Project Title _____ Number of Full Time Employees _____

Effective Dates of Proposal: Starting Date _____ Effective Dates of Proposal: Ending Date _____

Benefit	Troy University	Sponsor	Not Eligible	Comments
Annual Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sick Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Administrative Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Declared Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Salary Increases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
State Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Disability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Life Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Supplemental Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Tuition Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Payout of Accrued Annual Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	