

FACULTY LOAD & COMPENSATION COURSE FOAP DISTRIBUTION FORM

Before the FLAC data is to be extracted:

Please provide the following information and submit to the Office of Academic Budgets (PO Box 6910) or via email to tburcham@radford.edu

Term	CRN AND Course Title		Instructor Name RU ID#	FOAP					
				Fund	Organization	Account	Program	Amount	Percentage

Submitted By: _____

Date: _____

Dean Acknowledgement: _____

Date: _____

Office of Sponsored Programs &
Grant Mgmt Approval:
(if Grant Funded) _____

Date: _____

SSACLBD Updated in Banner: _____