

CLINICIAN SCIENTIST AWARD
EFFORT AND SALARY PLANNING SHEET

Candidate Name: _____ Last, First			
Proposed Period _____ / _____ / _____ to _____ / _____ / _____			
	Sponsor or Account #	% Effort	Salary \$ Amt <i>(w/o fringe benefits)</i>
Clinical	1		
	2		
	3		
	4		
Clinical Total			
Research <small>(list funded grant & contract effort in addition to CSA)</small>	1		
	2		
	3		
	4		
Research Total			
Other <small>(incl. Teaching)</small>	1		
	2		
	3		
	4		
Other Total			
TOTAL			

Date: _____ / _____ / _____

Signature of Department Director **

* Research effort must be 75%
** Department Director signature required