

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

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Troy, Alabama 36082

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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"/>	