

Request for Proxy of Authority for Annual Effort Certifications

To: Office for Sponsored Programs

From: Primary Effort Coordinator Name: _____

Re: Name on Annual Faculty Certification: _____

HUID: _____

Department Name: _____ Org Number: _____

Proxy Name: _____

Proxy HUID: _____

Harvard University requires that PI/faculty certify their academic-year and/or their supplemental/summary salary on an annual basis. Requests for proxies for these individuals will only be granted in extenuating circumstances. Proxies for other academic appointees (object code 6030) will be allowed when there is an assigned mentor on an award or if an appointee is working under the direction of a PI on his or her award.

- The certifier is a 6030 Research Associate or Non-PI other academic appointee and the proxy indicated is the assigned mentor or PI on the award(s) that funds the salary to be certified.
- The certifier is a 6120 Non-PI or temporary employee with an academic appointment and the proxy indicated is the assigned mentor or PI on the award(s) that funds the salary to be certified.

No faculty signature is required; form can be signed by the Tub Effort Coordinator

Approved by Tub Effort Coordinator: _____ Date: _____

Other reason, please describe situation: _____

Fiscal Year: _____

Proxy Signature: _____ Date: _____

Approved by Tub Effort Coordinator: _____ Date: _____

Approved by OSP Authorized Signature: _____ Date: _____