

FAS Request for Delegation of Authority for Quarterly Project Effort Certifications

To:	FAS Tub Effort Coord	inator	
From:	Department Name:		Org Number:
	Principal Investigator'	s Name:	
Effort Ceremployees	rtifications, attesting that s s on these sponsored projec	incipal investigators certify non alaries charged to federal proje ts. In certain circumstances, th r individual working directly o	cts reflect effort expended by
Certification individual grant such	on for the Federal grant re has first-hand knowledge	ferenced below. By signing the signing of the work performed by the riately attest to the salary cert	ertify the Quarterly Project Effor his form I agree that the named e non-faculty employees on my ification and can defend salary
The specifi	ic wording on the Quarterly	Project Effort Certification is:	
on	the project and that I have s	ies charged this quarter reasonab ufficient technical knowledge and means of verification that the wo	d/or that I am in a position
The indiviperiod spec	_	arterly Project Effort Certification	ons for the grant listed during the
Designee	Name		
HUID			
Award F	und Number*		
Designee	Start Date		
Designee	End Date		
Note Sub	activity restrictions		
*does not i	include part-of accounts or s	ubactivities that I am not respons	ible for
sponsored	1	henever there are staffing chang	is list and notify the school leve ges or re-assignment of duties tha
PI Signatur	re		Date
Designee S	Signature		Date
FAS Autho	orized Signature Approval	Date	

Form Update Date: 12/19/2013