

**Sample Time & Effort Certification**

Reporting Period \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Number of course release this semester: \_\_\_\_\_

PeopleSoft Department or Grant Number	Department or Grant Title	Position	Effort Category	In-Kind Effort	Course-Release	Budget Percent Effort	Actual Percent Effort	Salary Amount
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			
								must equal 100%

Details of Work on Sponsored Project(s):

**Office of Research & Sponsored Programs (ORSP)**

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Reviewed by \_\_\_\_\_

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Date \_\_\_\_\_

I certify that the above distribution of activities, expressed in actual percentage of total effort, represents reasonable estimate of all work performed by me during the indicated time period.

\_\_\_\_\_  
Employee's Signature Date

I certify that I have firsthand knowledge of all the work performed by the above employee. I certify that the salary charged, salary transfers processed, and above certified effort represents a reasonable estimate of the work performed. I certify that I have sufficient technical knowledge and/or I am in a position that provides me with suitable means of verification that the work was performed during the indicated time period.

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Project Director/Principle Investigator's Signature Date