OREGON HEALTH & SCIENCE UNIVERSITY

Employee Effort Certification Form

For The Period of 1-Jul-2010 - 31-Dec-2010

Date *14-Feb-11*

Employee Name: Schultz, Charles

Primary Organization: SM.Peanuts Laboratory

Employee Number: 12345

				Committed		Actual			
Project Number / GL Account	**Award Number**	**Project Desciption**	**Award Name**	**Effort %**	**Cost Share %**	**LD Effort %**	**Corrected LD %**	**Cost Share %**	**Total Effort %**
Assignment Number 12345									
Effort Category GL Related Activities									
0151-12345-11-5111-000-0000-000				0.00	0.00	20.00%			20.00%
Effort Category Sponsored Activities									
GPEAN0001A	APEAN0001	DHHS Snoopy	Study of classical music and the brain	0.00	0.00	30.00%			30.00%
GPEAN0001B	APEAN0001	DHHS Snoopy	Study of classical music and the brain	0.00	0.00	15.00%			15.00%
GPEAN0003C	APEAN0003	NSF Snoopy	Beagle behavior study	0.00	0.00	35.00%			35.00%
			Total Effort For Assignment	0.00	0.00	100.00%			100.00%

Note on Suspense Activity

Suspense activity must be cleared before certifying the statement. When returning the statement please write neatly, in ink, what the funding sources should have been and attach a copy of all appropriate back-up documentation.

Note on Cost Sharing

Please enter the amount of cost sharing the Cost Share % Column. When the cost share column is completed correctly it should sum to zero.

Note on Federal Salary Cap

It is the department's responsibility to ensure salary charges on NIH, SAMSHA, and AHRQ awards are not distributed at a rate in excess of the salary cap for those sponsors. If the covered individual's total salary is in excess of the cap then the LD % cannot be certified equal to Total Effort % on each applicable project. The difference between allowable salary distribution and actual effort should be reflected in the Cost Share% column or captured in a Cost Share companion account.

Certification Statement

I certify that I have reasonable means of verifying the activities performed by the above mentioned employee and that the distribution of effort represents a reasonable estimate of the actual work performed by the employee during the period covered by this report.

Covered Individual Date

Or

Responsible Person Title Date

The Responsible Person's relationship to the Covered Invidividual must be Principal Investigator or Supervisor.