

Print Date:

Oregon Health & Science University and Hospital

Effort Certification and Survey Report
For The Effort Period : DEC04-JUN05 12/13/04 To 06/13/05

Employee#/Name:

Primary Organization:

Mail Code:

Project #	Task #	Award #	Expenditure Organization	Award Name	% Payroll Distribution	% C/S Committed	% C/S Uncommitted	Total C/S	Total Effort
Assignment: (NON-BASE)									
GL-Related Activities									
					_____	_____	_____	_____	_____
					_____	_____	_____	_____	_____
					_____	_____	_____	_____	_____
Sponsored Activities									
					_____	_____	_____	_____	_____
					_____	_____	_____	_____	_____
					_____	_____	_____	_____	_____

Total Effort For Assignment #

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

Relationship to covered Individual (please check one) Principal Investigator Supervisor

Responsible Official Date

Responsible Official (Please print name)

Note on Suspense Activity

Suspense activity must be cleared before certifying the statement. When returning the statement please neatly write in what the sponsored project account should have been and attach a copy of all appropriate back-up Documentation (ie: LD adjuster screenshot, PA, etc). Please use Discoverer query, 'HRDW: Employee Labor Distribution by Work-Date'. Query on Fund '0051' to check if suspense has cleared. If suspense has not cleared, please take appropriate action to resolve the issue.

Note on Cost Sharing

Please enter the amount of cost sharing in each of the C/S fields. %C/S Committed includes Mandatory and Voluntary Committed Cost sharing. % C/S Uncommitted refers to only Voluntary Uncommitted cost sharing.