OPAM Effort Recertification Form Instructions

**Purpose:** Completion of this form is required to change the payroll or effort distribution for any employee who has previously certified their effort.

**General:** If a payroll distribution or cost share allocation change affects one or more federal accounts beyond the 5% variance allowed per line, OHSU requires submission of an Effort Recertification form along with an amended effort certification statement. The amended document should be newly signed and dated by the individual who signed the original statement.

If the recertification includes an LD adjustment, the payroll changes need to be entered into the Oracle LD Module along with submission of a Labor Cost Transfer Approval form to OPAM. If the adjustment is approved, the LD adjustor will receive email notification from Oracle Workflow. If it is not approved, the record will be rejected within the system and the LD adjustor will be notified. All LD transactions that are not rejected or approved within 89 days in the Oracle LD Module will purge from the system and will not complete.

Recertifications are approved on a case by case basis. Please be mindful that a recertification of effort erodes the credibility of the statement and signer and should only be used when absolutely necessary.

**Line Specific Instructions:**

**Date:** Enter the date the form was prepared.

**Recertification Materials Prepared by:** Enter the name of the individual who is completing this form. This is the person who will be contacted if there is a question regarding the validity of the change.

**Employee Name:** Enter the full name of the employee whose funding you wish to change (Last, First MI).

**Employee Number:** Enter the employee ID number of the person whose funding you wish to change.

**LD Batch Name:** If the recertification is due to a change in the percentage of payroll listed on the effort statement, enter the system-generated batch name of the LD adjustment in Oracle. For multiple adjustments, please include all applicable batch names. If there is no change being made to the percentage of payroll, enter ‘N/A’ for this field.

**LD Adjustor Name and Phone #:** Enter the name and phone extension of the LD Adjustor who entered in the LD change into Oracle. If there is not a LD change being made, enter ‘N/A’ for this field.

**Department Effort Coordinator Name and Phone #:** Enter the name and phone extension of the individual who is responsible for coordinating your department’s effort statements.

**Effort Period Being Recertified:** Enter the effort period that is being amended (example: Jul14-Dec14). An OPAM Effort Recertification Form will be needed for each effort period that is being amended.

**OGA Project Number or FOMOPPL:** List each account that is being affected by a change in effort.

**Is this a Federal Award?:** Answer ‘Yes’ or ‘No’ for each account that is being affected by a change in effort.

**Original Certified Effort:** Please enter the amount the individual originally certified on their statement for the accounts that are being affected.

**Amended Certified Effort:** Please enter the new amount being certified on the individual’s statement.
Effort Change (Original – Amended): Please enter the percentage change for each account (Example: Original Effort 20% - Amended Effort 10% = -10% change).

BACKGROUND
This series of questions are designed to determine the reason for and appropriateness of the recertification. All questions must be answered fully. Answers such as “an error” with no other detailed information will not be accepted. Also, due to the serious nature of a recertification, you must provide a suitable plan of action for eliminating the need for recertifications in the future.

“Why was the original effort certified without reflecting the current change?”: In order to determine the appropriateness of the recertification, we ask that you provide information as to why the employee’s labor and/or cost sharing were incorrectly certified at the time of original certification.

“What prompted this recertification?”: What prompted the error to be discovered. Since the accounting for the covered individual’s activities is what is being amended, stating that budgetary monitoring is how the error was discovered is an insufficient explanation.

“Describe what action has been taken to eliminate future need for effort recertifications”: The NIH Grants Policy states: “Grantees must maintain documentation of cost transfers, pursuant to 45 CFR 74.53 or 92.42, and must make it available for audit or other review (see “Administrative Requirements—Monitoring—Record Retention and Access”). The grantee should have systems in place to detect such errors within a reasonable time frame; untimely discovery of errors could be an indication of poor internal controls. Frequent errors in recording costs may indicate the need for accounting system improvements, enhanced internal controls, or both. If such errors occur, grantees are encouraged to evaluate the need for improvements and to make whatever improvements are deemed necessary to prevent reoccurrence. NIH also may require a grantee to take corrective action by imposing additional terms and conditions on an award(s).” Therefore, an explanation of corrective action taken to eliminate future recertifications must be provided.

“Is the signatory of the original certification available to recertify?”: Mark ‘Yes’ or ‘No’. If the person who originally certified the covered individual’s statement is not available please explain why.

SIGNATURES - Two signatures are required. Please remember to print the signers’ printed names and include the dates signed.

Covered Individual or Responsible Official: Whenever possible, this form should be signed by the same individual who originally certified the covered individual’s statement. The covered individual is the employee whose name is printed on the statement. If the original signatory is no longer available at the University, please have a responsible official sign instead. A responsible official is a person with reasonable means of verification that the labor distribution and cost sharing (as applicable) is representative of the total effort performed. This person is usually a PI of one of the awards or a direct supervisor of the employee.

Dept/Institute Head; Dean if this is also the PI The signature of the Department or Institute Head is required as acknowledgement that the department must absorb any costs associated if the recertification is later disallowed by the sponsor. If the PI is also the Department or Institute Head, the Dean must sign.