Employee Effort Certification Form

1. For The Period of

5. *Date* *17-Aug-10*

2. Employee Name: Schultz, Charles

4. Primary Organization: SM.Peanuts Lab Studies

3. Employee Number: 12345

				Committed		Actual		
Project Number / GL Account	**Award Number**	**Project Desciption**	**Award Name**	**Effort %**	**Cost Share %**	**7. LD Effort %**	**8. Cost Share %**	**9. Total Effort %**
Assignment Number								
Effort Category GL Related Activities								
6a. 0151-12345-71-5111-0000-000-0000				0.00	0.00	25.00%	-12.00%	13.00%
Effort Category Sponsored Activities								
6b. GPEAN0111A	APEAN0111	DHS Snoopy	Beagle Studies	0.00	0.00	75.00%	12.00%	87.00%
			10. Total Effort For Assignment			100.00%	0.00%	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 Invididual must be Principal Investigator or Supervisor.

Instructions:

1. Insert the date range of the effort period the individual is certifying.
2. Insert the name of the individual certifying.
3. Insert the individual's employee ID number.
4. Insert the individual's primary organization name.
5. Insert the date the statement is being created.
6. Account information for each account the individual received labor distributions from during the effort period.
   6a. Insert the account strings of each general ledger account the individual received effort related labor distrbutions.
   6b. Insert the account strings of each sponsored account the individual received effort related labor distributions.
7. LD % of Effort is the effort related support the individual received during the effort period. The total LD % should equal 100% as it is the total amount the individual received during the period. To determine the percentage amount for each account line, divide the support received from that account by the total support. REMINDER: OPE is not included in this calculation.
8. Cost Share % is the percentage of activity support a project is receiving from a non-federal account. This is demonstrated as a negative from the account giving the support and a positive to the account receiving the support.
9. Total Effort % is the sum of each accounts rows. The total column should sum to 100%

10. For the Total Effort for Assignment row, the LD Effort % should sum to 100%, the cost share column should sum to 0%, and the total effort % should sum to 100%.