

Time and Effort Additional Information Form

(If this certification is made by someone other than the person whose name appears at the top of this report, **BOTH SECTIONS** of the box below must be completed or the Certification shall be considered by the University to be incomplete.)

Employee Name (Printed): _____

Printed name of responsible official signing in lieu of the person for whom this Effort Certification was issued: _____

Title of the responsible official signing in lieu (PI, Department Chair, Research Unit Director, Dean):

Reason why the named employee was prevented from signing the Certification (Check as many that apply, but at least one):

- employee is deceased;
 - employee is no longer present at the University;
 - employee's whereabouts are unknown;
 - employee is on sabbatical; or
 - employee is still affiliated with the University, but absent and unreachable (e.g. working in Antarctica).
- other (describe on an attached sheet. Sign and date.)

Description of action taken by responsible official to verify the work was performed (Check at least one):

- completed time card placed on file in department or research unit;
- responsible official personally observed work that was performed;
- responsible official has obtained signed certifications from each PI for whom the employee worked that the work was performed;
- responsible official has retained other proof documenting that work was performed. (Describe on an attached sheet. Sign and date.)

Signature of Responsible Official: _____ Date: _____