Cal Poly Pomona Foundation, Inc.

POST AWARD SPONSORED PROGRAMS ADMINISTRATION
APPOINTMENT / EFFORT CERTIFICATION FORM

SECTION A: (TO BE COMPLETED AS SOON AS THE ASSIGNMENT FOR THE SEMESTER IS DETERMINED)

ASSIGNED TIME AUTHORIZED:

DATE _____

DIRECT SUPERVISOR _____

PROJECT NUMBER _____

NAME OF PROJECT _____

FIRMS PROGRAM CODE _____

PREPARED BY _____

EMPLOYEE SIGNATURE _____ Signature

SR MANAGER POST AWARD _____ Signature

EMPLOYEE NAME _____

BID / CHRS ID NUMBER _____

AY FACULTY ◯ 12-MONTH EMPLOYEE ◯ OTHER APPT TYPE ◯

ACADEMIC SEMESTER & YEAR _____

NUMBER OF **OVERALL** WTU'S WORKED DURING THE SEMESTER _____ FACULTY ONLY

NUMBER OF WTU'S **REIMBURSED** DURING SEMESTER FOR THIS PROJECT _____ FACULTY ONLY

NUMBER OF WTU'S **MATCHED** BY COLLEGE DURING SEMESTER _____ FACULTY ONLY

PERCENT OF TIME TO BE REIMBURSED FROM GRANT 0.00%

PERCENT OF TIME COST SHARE BY COLLEGE/DEPT 0.00%

EST REIMBURSEMENT TOTAL FOR SEMESTER _____ Salary _____ Benefits

CHRS POSITION NUMBER _____

UNIVERSITY REIMBURSEMENT CHARTFIELD STRING _____ See Tableau

SECTION B: (TO BE SIGNED & SUBMITTED AFTER THE SEMESTER ENDS)

DISTRIBUTION OF EFFORT:

PERCENTAGE OF EFFORT:

	ACADEMIC SEMESTER	PERCENTAGE WORKED
A. GRANT REIMBURSED AMOUNT : Project Number	Semester	0.00%
B. COST SHARING: Project Number	Semester	0.00%
C. OTHER GRANT RELATED ACTIVITY (TO BE SUBMITTED ON A SECOND FORM) Project Number	Semester	0.00%
D. NON-GRANT UNIVERSITY ASSIGNMENTS (TEACHING/ADMINISTRATION/OTHER): Type of Assignment	Semester	0.00%
TOTAL (MUST EQUAL 100%)		0.00%

UNIVERSITY USE ONLY

BILLING REQUEST

TOTAL SALARY	TOTAL BENEFITS	REIMBURSEMENT TOTAL
Total to be Reimbursed to the University from the Account for Period		
TOTAL CALCULATED BY UNIVERSITY BUDGET		

CERTIFICATION OF EFFORT:

I HEREBY CERTIFY THAT THE PERCENTAGE OF TIME INDICATED ABOVE REPRESENTS THE ACTUAL DISTRIBUTION OF EFFORT I WORKED DURING THE PERIOD SPECIFIED ON THIS REPORT; THAT THE WORKLOAD SPECIFIED FOR THE GRANT PROJECT IS THE ACTUAL PERCENTAGE OF TIME WORKED ON THE PROJECT; AND THAT THIS DISTRIBTUION OF EFFORT DIRECTLY BENEFITTED THE PROJECT.

EMPLOYEE _____ Employee Signature _____ Date

I HEREBY CERTIFY THAT I HAD FIRST-HAND KNOWLEDGE OF ALL WORKED PERFORMED BY THIS EMPLOYEE AND THAT THE DISTRIBUTION OF EFFORT INDICATED ABOVE REPRESENTS THE ACTUAL WORK PERFORMED DURING THE PERIOD COVERED BY THIS REPORT.

DIRECT SUPERVISOR _____ Supervisor Signature _____ Date

COLLEGE DEAN/VICE PRESIDENT (If not direct supervisor, otherwise N/A) _____ Dean/Vice President Signature _____ Date

SR MANAGER POST AWARD _____ Signature _____ Date

UNIVERSITY BUDGET _____ Signature _____ Date

Rev 9/2026