

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		EMPLOYEE NAME	
DIRECT SUPERVISOR		PEOPLE-SOFT EMPLOYEE ID NUMBER	
PROJECT NUMBER		AY FACULTY	12-MONTH EMPLOYEE
			OTHER APPT TYPE
NAME OF PROJECT		ACADEMIC SEMESTER & YEAR	
		NUMBER OF OVERALL WTU'S WORKED DURING THE SEMESTER	
			FACULTY ONLY
FIRMS PROGRAM CODE		NUMBER OF WTU'S REIMBURSED DURING SEMESTER FOR THIS PROJECT	
			FACULTY ONLY
		NUMBER OF WTU'S MATCHED BY COLLEGE DURING SEMESTER	
			FACULTY ONLY
PREPARED BY		PERCENT OF TIME TO BE REIMBURSED FROM GRANT	
		PERCENT OF TIME COST SHARE BY COLLEGE/DEPT	
EMPLOYEE SIGNATURE		EST REIMBURSEMENT TOTAL FOR SEMESTER	
	Signature		Salary Benefits
		PEOPLE-SOFT EMPLOYEE POSITION NUMBER	
SR MANAGER POST AWARD		UNIVERSITY REIMBURSEMENT CHARTFIELD STRING	
	Signature		See Tableau

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

DISTRIBUTION OF EFFORT:

PERCENTAGE OF EFFORT:

A. GRANT REIMBURSED AMOUNT :

Project Number	Semester	
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B. COST SHARING:

Project Number	Semester	
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C. OTHER GRANT RELATED ACTIVITY (TO BE SUBMITTED ON A SECOND FORM)

Project Number	Semester	
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D. NON-GRANT UNIVERSITY ASSIGNMENTS (TEACHING/ADMINISTRATION/OTHER):

Type of Assignment	Semester	
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TOTAL (MUST EQUAL 100%)

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 DISTRIBUTION OF EFFORT DIRECTLY BENEFITTED THE PROJECT.

EMPLOYEE		
	Employee Signature	Date

I HEREBY CERTIFY THAT I HAD FIRST-HAND KNOWLEDGE OF ALL WORK 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 <small>(If not direct supervisor, otherwise N/A)</small>		
	Dean/Vice President Signature	Date

SR MANAGER POST AWARD		
	Signature	Date

UNIVERSITY BUDGET	
	Signature Date