Cal Poly Pomona Foundation, Inc.

POST AWARD SPONSORED PROGRAMS ADMINISTRATION
APPOINTMENT / EFFORT CERTIFICATION FORM

Form Instructions:

SECTION A: (Completed at the Beginning of Each Academic Semester)

PROCESS FOR SECTION A:
After the information has been completed in Section A of this form, must be submitted to Post Award Sponsored Programs Administration for approval and submission to University Budget Services. This form must be completed and submitted at the beginning of the academic semester.

Date	Date in which the form is being completed by Dean's Office.
Direct Supervisor	Indicate the direct supervisor who has first hand knowledge of employee's work.
Project Number	Indicate account number from which funds for faculty release time will be reimbursed.
Name of Project	Indicate the name of the project account number.
FIRMS Program Code	Indicate the University FIRMS program code related to this project.
Prepared By	Person preparing the form.
Employee Signature	Employee must sign the form.
Employee Name	University Faculty/Staff member who will receive release time to work on a project.
BID / CHRS ID Number	Bronco ID number of the employee referred to above.
Number of Months of Employment	Please check the box indicating the number of months this employee works for the university. If it is other than AY or 12 months, indicate the number of months on the other type line.
Academic/Calendar Semester	Indicate the academic semester in which the employee is being reassigned (Do not indicate more than one academic semester). If the reimbursement relates to a 12 month employee, indicate the calendar period in which the employee worked on project. Must be no longer than 6 months.
Number of Overall WTUs Worked During the Academic Semester (Faculty Only)	Indicate the number of WTU the faculty member is working during this semester for all university responsibilities. **NOTE:** The number of WTU for the employee should be the same as the university's Peoplesoft system as the record of the amount of WTU's worked during semester for the employee.
Number of WTU's Reimbursed During Academic Semester (Faculty Only)	For Faculty employees, indicate the number of WTU that the grant will reimburse during the semester
Number of WTU's Matched By College During Academic Semester (Faculty Only)	For Faculty employees, indicate the number of WTU that the college will match during the semester.
Percent of Time to be Reimbursed from Grant	If you are preparing a form for a faculty member, please do not change field.
Percent of Time to be Cost Shared by College	If you are preparing a form for a faculty member, please do not change field.
Estimated Reimbursable Salary Total	Calculate by multiplying the percent of time worked on grant and the university monthly salary projected for the period multiplied by the number of months faculty/staff member will work on the project. Remember, if the request is for reimbursement for an AY faculty employee, calculate the reimbursable total amount based on a 6 month period.
Estimated Reimbursable Benefit Total	Calculate by multiplying the percent of time worked on grant and the university monthly benefits projected for the period multiplied by the number of months faculty/staff member will work on the project. Remember, if the request is for reimbursement for an AY faculty employee, calculate the reimbursable total amount based on a 6 month period.
University Expense Chartfield String	The university chartfield string account number which will be used to pay from. See Tableau. Acct-Fund-DeptID-Class. **Must start with PCR03**

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SECTION B: (Completed at the End of Each Academic Semester)

PROCESS FOR SECTION B:
This form must be completed every semester and submitted to the Post Award Sponsored Programs Administration. After review it will be forwarded to University Budget and University Accounting for preparation of an invoice, and then reimbursement to the college for the salary payments. Then the actual payment will be recorded to the grant account and paid to the university. Reimbursement will be completed on a semester basis only.

For any questions, contact: fdngrants@cpp.edu

Percentage Worked on Project:

A. Grant Reimbursed Amount

Complete the grant number, month, and the percentage of time worked on the grant project which will be reimbursed back to the academic unit. This percentage must be the same as Section A above.

Example:	009999	Fall 2025	20.00%

B. Cost Sharing

If cost sharing is a requirement of the award, complete the month and the percentage time worked on the project which will not be reimbursed to the college.

Example:	009999	Fall 2025	20.00%

C. Other Grant Related Activity (To Be Submitted on a Second Form)

If the university employee has worked/is working on another grant account, indicate the percentage of time worked on this project. The percentages indicated on this section will require a second Effort Certification Form to be reimbursed back to the college.

Example:	001000	Fall 2025	13.33%

D. Non-Grant University Assignments (Teaching/Administration/Other)

Indicate the percent of non-grant activity the individual worked during the period specified on the form. This percentage would represent teaching assignments, committee work, and administrative tasks.

Example:	Teaching	Fall 2025	46.67%

VERIFY THAT THE TOTAL FOR EACH PERIOD MUST EQUAL 100 PERCENT EFFORT.
FORMS WHICH DO NOT EQUAL 100 PERCENT WILL BE RETURNED.

Certification of Effort

The employee and their direct supervisor must sign and date the form. If the direct supervisor is not the Dean/Vice President, the Dean/Vice President responsible for the academic unit must also sign the form.