

Cancelled Certified Effort Form						
Certification Period					Date	
Employee Name					Employee Z#	
Change in Effort Summary						
SmartTag (TAGXXXXXX)	Grant Worktag (GT-XXXXXX)	Fund Worktag (FXXXX)	Federal Award <i>F0005 = Federal</i> (Yes or No)	Original Certified Effort %	Amended Certified Effort %	Effort Change (Original - Amended)
Grand Total						
JUSTIFICATION						
Please provide a detailed explanation of why a salary adjustment is needed.						
REQUIRED SIGNATURES						
Required Signature Approval			Signature		Date	
Principal Investigator						
College Dean						
Department Chair						
** FOR RESEARCH ACCOUNTING USE ONLY **						
Required Signature Approval			Signature		Date	
Director of Research Accounting						