FAU
DIVISION OF RESEARCH
Florida Atlantic University

Revised: 06/08/2016

Request to Adjust Salary on a Previously Certified Effort Report

Certification Period		Date	
Employees Name		Employee Z#	

Change in Effort Summary

SmartTag	Grant Worktag	Fund Worktag	Federal Award *F0005 = Federal* (**Yes** or **No**)	Original Certified Effort %	Amended Certified Effort %	Effort Change (Original - Amended)

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		