

TIME AND EFFORT CERTIFICATION FORM

Faculty/Staff Name: [Click here to enter text.](#) **Fiscal Year:** [Click here to enter text.](#) **Reporting Period:** June 1 –November 30 December 1-May 31

Salary Information

<u>Effort Allocation</u>	<u>Funding Agency</u>	<u>Grant/Contract Title</u>	<u>Cost Center/Account Number</u>	<u>Wages</u>	<u>Percent Effort</u>
Sponsored Program					
Sponsored Program					
Sponsored Program					
Institutional					
Total				\$	100%

Pursuant to the Office of Management and Budget (OMB) 2 CFR Chapter I, Chapter II, Part 200.430, I hereby certify that on average, I exerted the amount of effort indicated above on the total activities indicated during the time period covered.

Match Information Applicable Not Applicable

<u>Funding Agency</u>	<u>Grant/Contract Title</u>	<u>Cost Center/Account Number</u>	<u>Match (Credit/Effort Days)</u>	<u>Matching Cost Center/Account Number (If applicable for cash match)</u>

OMB 2 CFR Chapter I and Chapter II, Part 200.306: Cost Sharing Or Matching clarifies policies on voluntary committed cost sharing to ensure that such cost sharing is only solicited for research proposals when required by regulation and transparent in the notice of funding opportunity.

Further documents for cost share or match is kept on file within the department of the Principal Investigator.

Employee Signature Date: [Click here to enter text.](#)

Principal Investigator Signature Date: [Click here to enter text.](#)

Chair/Administrative Signature (PI cannot self-affirm the time and effort report) Date: [Click here to enter text.](#)

Please return this completed form to the Office of Sponsored Programs and retain a copy for your records.