



Request to Delegate Effort Certification Authority for ecrt

1. Principal Investigator Information:

Name: _____
Job Title: _____
Empl ID: _____
Department: _____

2. Delegate Information:

Name: _____
Job Title: _____
Empl ID: _____
Department: _____

3. Certification authority is being delegated for: All of this PI's projects Selected projects, listed below

4. If delegation is specific to certain project, please provide the following information about each project for which effort certification authority is to be delegated; list additional projects on the reverse side or a separate sheet if more room is needed:

Speedtype	Title of Project	Sponsor	Delegation Start Date	Delegation End Date

5. Please provide a brief explanation of why this delegation is being requested:

6. Name of the effort coordinator who is submitting this form: _____ Date: _____

Signatures

Principal Investigator: *I certify that the delegate named above has sufficient technical knowledge and a suitable means of verifying the work performed on the projects listed above.*

Delegate: *I certify that I understand the delegation of authority being entrusted to me, and that I have a suitable means of verifying the work performed by the graduate students, postdoctoral researchers, and non-PI classified staff who work on the projects listed above.*

Signature _____ Date _____

Signature _____ Date _____

Forward Original Copy to Controller's Office, ASB 150 +6205

For Internal Use Only

Delegate Effort Certification Authority Changed Date _____ Done by _____
