

**REQUEST FOR REVIEW OF RE-CERTIFICATION OF EFFORT REPORT**

This form is strictly a request for the Office of Research Compliance to review a request for re-certification or a re-class of salary distribution prior to certification. Submitting this form does not imply approval of the request.

**ALL INFORMATION SHOULD BE SUBMITTED ON THIS PAGE.**

Employee's Name: \_\_\_\_\_

Quarter & Year: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's E-mail and Phone #: \_\_\_\_\_

Why is a reclassification indicated?

Version of effort report:

Has effort report been certified?

Version certified:

**Previous Effort Per Award/Account:**

Grant Name	Account #	Effort	Percentage of Change (Increased/Decreased)
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**Proposed Effort Per Award/Account:**

Grant Name	Account #	Effort	Percentage of Change (Increased/Decreased)
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Chairman's Signature  
(if over 90 days)

\_\_\_\_\_  
Dean's Signature  
(if over 120 days)