



## REVIEW OF LATE EFFORT REPORT AND EFFORT CERTIFICATION REVIEW

### **For Sponsored Program Account(s) (GA):**

Please provide complete responses to the following questions. For additional guidance, please see the UAB Effort Reporting [Policy](#) and [Procedures](#) as well as the [LMS training course](#) entitled "Effort Reporting: Principles, Process, and Certification".

- a) Explain the circumstances resulting in the late effort report
- b) Describe the corrective action plan developed and implemented to mitigate reoccurrences of the resulting circumstances.
- c) Has the employee completed effort reporting training? If yes, when?

**REVIEW OF LATE EFFORT REPORT AND EFFORT CERTIFICATION REVIEW****PART C: Authorizing Signatures** \*\*\*Note: if effort recertification involves multiple Principal Investigators, please use as many signature pages as necessary\*\*\***Employee:**

I hereby certify that this distribution of activity represents a reasonable estimate of the actual effort during the period covered by this request, that the effort being certified is supported by written documentation/contemporaneous records, describes the circumstances resulting in the late effort report and the plan to mitigate reoccurrences, that I have reviewed and am aware of the [UAB Effort Reporting Policy](#).

Employee signature/date:

Printed name of employee:

**Principal Investigator(s), when applicable:**

I hereby certify that this distribution of activity represents a reasonable estimate of the actual effort during the period covered by this request, that the effort being certified is supported by written documentation/contemporaneous records, describes the circumstances resulting in the late effort report and the plan to mitigate reoccurrences, that I have reviewed and am aware of the [UAB Effort Reporting Policy](#).

Principal Investigator signature/date:

Printed name of Principal Investigator:

**Responsible Departmental Fiscal/Executive Administrator:**

My signature below represents that the form is complete and all information is provided, I have reviewed this request and the supporting documentation, the documentation describes the circumstances resulting in the late effort report, the plan to mitigate reoccurrences, and the effort being certified.

Responsible Departmental Supervisor signature/date:

Printed name of Responsible Departmental Supervisor:

**Department Chair/Vice Chair:**

My signature represents that I provided appropriate counseling to the Employee and Principal Investigator, if applicable, regarding the timely and accurate reporting of effort on sponsored project accounts and that I approve the certification of this late effort report.

Department Chair or Vice Chair signature/date:

Printed name of Department Chair or Vice Chair:

**Dean/Authorized Designee (Dean's Office):**

My signature below represents that I have reviewed this request and the circumstances which led this late effort report and that processes are in place to facilitate the timely and accurate reporting of effort.

Dean's or Authorized Designee's signature/date:

Printed name of Dean or Authorized designee:

*Upon completion, route the original, signed form (and, as applicable, any supporting/accompanying documentation) to Financial Affairs, Cost Analysis, 801 Building*