

UNIVERSITY OF ALABAMA AT BIRMINGHAM
REVIEW OF LATE EFFORT REPORT AND EFFORT CERTIFICATION

Version: April 4, 2018

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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 reoccurrence of the resulting circumstances.
- c) Has the employee completed effort reporting training? If yes, when?

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PART D: Authorizing Signatures ***Note: if effort recertification involves multiple Principal Investigators, please use as many signature pages as necessary***

Project Employee:

I hereby certify that this distribution of activity represents a reasonable estimate of the actual effort during the period covered by the 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:
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***Principal Investigator(s):**

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](#).

****Note: All Principal Investigators listed in Part C must sign for certification. [Click here to print additional signature page](#)***

Principal Investigator Signature:	Date:	Printed name of Principal Investigator:
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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:
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Department Chair/Vice Chair:

My signature below 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 recertification of effort.

Department Chair or Vice Chair Signature:	Date:	Printed name of Department Chair or Vice Chair:
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Dean/Authorized Designee (Dean's Office):

My signature below represents that I have reviewed this request and the circumstances which led to 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:
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Upon completion route the original signed form and, as applicable, any supporting/accompanying documentation to Financial Affairs, Cost Analysis, 801 Building.