

UW-Madison Effort Coordinator Manual Certification Cover Form

To: Effort Administrator, Research & Sponsored Programs
21 N. Park St, Suite 6401; OR ecrt@rsp.wisc.edu

From: _____

Date: _____

Subject: Manual certification for _____
HR Appt Type: __Faculty __Academic Staff __Classified Staff __Other

Attached you will find a printed version of the ECRT Effort Statement for the above-named person. This statement cannot be certified electronically because (check one below):

____ Certifier has left university service and no longer has a valid netID
***UW HR Appt ended on: _____(mm/dd/yyyy)*

____ Certifier is leaving university service during a certification period
***UW HR Appt will end on: _____(mm/dd/yyyy)*

____ Certifier has no Institutional Base Salary but has cost sharing

____ Certifier is named PI but does not work directly with the project

____ Other (please specify)

I verify that the signer of the attached statement has suitable means of verification.

Title of Signer: _____ (*ex: Certification completed by: PI, Faculty, Designee*)

I am processing this manual certification form in my role as effort coordinator, and verify that the information is correct as I know it and that any salary cost transfers needed have been initiated.

Effort Coordinator: Print name

Effort Coordinator: Signature

For RSP Use Only

Review date: _____

ECRT entry date: _____

Reviewed by: _____

Processor: _____