

University of Wisconsin-Madison ■ Request to Delegate Certification Authority

1. Principal Investigator information:

Name: _____

Job title: _____

Appointment UDDS: _____

2. Delegate information:

Name: _____

Job title: _____

Appointment UDDS: _____

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

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

Project ID (e.g. 144-AA11)	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.*

Signature _____ Date _____

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 _____

Reviewed and approved: _____ Date: _____
Kim Moreland, Associate Vice Chancellor for Research Administration

Forward original copy to RSP