

COLLEGE / UNIVERSITY NAME
EFFORT CERTIFICATION REPORT
FACULTY AND PROFESSIONAL STAFF
08/01/01-12/31/01

NAME: _____ EMPLOYEE I.D.: _____ RESP. PERS.: _____
HOME DEPARTMENT: _____

----- Cost Category - - - - -		Account Period		Res. Per.	- - - - - Report Period - - - - -		
Account Title	Account Number	From	To	Sign	Effort	CHG	Salary Charges
Sponsored Research (01000)							
NSF	A39173	5-69421-101	08/01/2001	08/01/2001		50%	\$ 12,450.00
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Academic Department Activities (0400)							
College Liberal Arts, Math Dept	2-11938-101	08/01/2001	12/31/2001		50%		\$ 12,450.00
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
***** Effort Summary Section *****					Total	100%	\$ 24,900.00

----- Cost Category - - - - -		Effort
0100	Sponsored Research	50%
0200	Sponsored Training	_____
0300	Other Sponsored Activities	_____
0350	Cost Sharing	_____
0400	Academic Department Activities	
0410	Instruction	25%
0420	Department Administration	25%
0430	Projects Administration	_____
Subtotal, Academic Dept.		50%
TOTAL		100%

I certify that I have first hand knowledge of 100% of the actual effort expended during the period shown above and this represents a reasonable estimate of that effort.

Faculty Member/Employee Date

Department Chairman Date