

COMPLETE BLUE AREAS

EFFORT RECERTIFICATION REPORT - TEMPORARY EMPLOYEE

MEMO TO:	SPONSORED PROGRAMS <i>(Forward completed form to your Financial Operations Coordinator for processing. Send to Payroll for Alternate Signer Request Approval ONLY.)</i>
DATE:	
FROM:	
PHONE:	
EMPLOYEE NAME:	
EMPLOYEE ID:	
PERIOD OF ADJUSTMENT:	

Provide a full explanation for the transfer below. For details, see: [Sponsored Transfer Guidelines](#)

Check this box to indicate an additional spreadsheet is attached concerning non-consecutive pay periods or other transaction details.

PREVIOUSLY CERTIFIED HOURS			RECERTIFIED SALARY DISTRIBUTION			
SHORTCODE	HOURS	PAY PERIOD		SHORTCODE	HOURS	PAY PERIOD
TOTAL				TOTAL		

This Effort Recertification Report supersedes the previous report submitted for the same period. I re-certify that this report more accurately reflects time expended for the period(s) specified.

Signature of Employee	Date	Printed Name of Employee
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As alternate for the employee, I certify that I have direct knowledge of the work performed by the appointee for the period stated above.

Signature of Alternate for Employee	Date	Printed Name of Alternate
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Signature of High Administrative Authority	Date	Printed Name of High Administrative Authority
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PLEASE INCLUDE THE COMPLETED EFFORT RECERTIFICATION REPORT IN YOUR JE SUPPORT.

FOR MORE INFORMATION, SEE: [Preparing a Journal Entry for Hourly Paid Staff](#)

REQUEST FOR ALTERNATE SIGNER:

To seek an exception for employees not available to sign the form and have someone else sign on their behalf, please submit and attach the unsigned, completed Recertification Report and alternate signer information below to: effort.reporting.payroll@umich.edu

Proposed Alternate Name:	
Alternate Employee ID:	
Date of Termination or Long Term Disability (LTD):	

Reason the unit cannot contact employee by fax, mail, or any form of written communication:

Brief explanation how the alternate had suitable means of verifying that the employee performed their work during the certification period:

Payroll Office Use Only:

Alternate Signer Permission Granted:		Date:	
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