



Effort Certification

On Federally Funded Grants (Sponsored Programs) or Upon Request.

Instructions:

This Labor Cost Distribution (LCD) summary is provided for certification of performed compensated effort. The employee identified below is asked to review the form for accuracy. *(If the employee is unavailable a Principal Investigator or other person knowledgeable about the employee's effort may sign.)*

- If the information is accurate, sign the form using the AdobeWorkflow, and return the form to ORSP.
 - If the information is inaccurate, reject the signing of the form through AdobeSign to return the form to ORSP, along with a note of the correction needed. Also, email ORSP@csueastbay.edu with the correction information.
- [Related CSUEB policies and procedures](#) include, but are not limited to CSU Additional Employment policy and the Administration of Sponsored Programs policy.

If assistance with the form or certification is needed, please contact [ORSP](#).

EMPLOYEE

Last Name, First Name:

Main Position: ___ Faculty ___ Staff, Admin/MPP

EFFORT CERTIFICATION PERIOD

Academic Year + Summer + Winter Break

July 1 – December 31: Includes partial Summer, Fall, partial 100%

Committed vs. Actual Variance %

Explains variance & adjustments greater than +/- 5%

Instructional and Univ. Activity				%	%		
Federally Funded Activity				%	%		
Other Funded Activity				%	%		
Cost Match Activity				%	%		
Total Period Effort (LCD)				%	%		

CERTIFICATION BY EMPLOYEE/PI OR OFFICIAL (knowledgeable about the effort)

No Adjustments

An adjustment is noted above and described here:

I certify, to the best of my knowledge that the above distribution of actual effort and any noted adjustments represents a reasonable determination of all the work performed by the above named individual during the period covered by this report.

Employee

Title

Date

PI/Program Director or Direct Supervisor*

Title

Date

*not required for PI or Faculty

For ORSP Use Only:

Date Due: _____ ORSP Review Date: _____ Director, Grants Administration _____

Date Received: _____ Adjustment Date(s): _____ Initial _____