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.*)

- o If the information is accurate, sign the form using the AdobeWorkflow, and return the form to ORSP.
- o 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 %

Explain variance & adjustme[nt] greater th[an] +/ 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

Rev. June 2021