



BROWN

### Request for Delegation of Authority for Effort Certifications

To: Office of Sponsored Projects

From: Effort Certification Partner/Cost Center Manager: \_\_\_\_\_

Department Name: \_\_\_\_\_

Effort Certification Period(s) \_\_\_\_\_

Name on Faculty/Staff Effort Certification: \_\_\_\_\_

Faculty/Staff Brown ID \_\_\_\_\_

Designee Name: \_\_\_\_\_

Designee Brown ID: \_\_\_\_\_

Please provide justification for Delegation Request below:

**Brown University requires that Principal Investigators certify effort report certifications for their students on a semi-annual or monthly basis depending on worker category. Requests for delegation of authority to certify on behalf of these individuals will only be granted in extenuating circumstances. The individual who signs effort certifications must attest that the salaries charged and effort expended reasonably reflect work performed on the project. The designee must have sufficient technical knowledge and or is in a position that provides means of verification that the work was performed.**

---

**OSP Approval**

**Director/Designee**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_