Request for Proxy 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 ______________________________

Proxy Name: __________________________________________________________________________

Proxy Brown ID: _____________________________________

Please provide justification for Proxy Request below:

Brown University requires that faculty, exempt and non-exempt staff sign their own effort certifications on a semi-annual or monthly basis depending upon worker category. Requests for proxies for these individuals will only be granted in extenuating circumstances and in cases where the proxy indicated has first-hand knowledge of the work performed on the project by the worker.

OSP Approval

Director/Desigee

Name_______________________________________________        Date_________________________

Signature______________________________