



BROWN

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/Designee

Name _____

Date _____

Signature _____