



# Request to Delegate Effort Certification Authority for ecrt

1. Principal Investigator Information:

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Empl ID: \_\_\_\_\_  
Department: \_\_\_\_\_

2. Delegate Information:

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Empl ID: \_\_\_\_\_  
Department: \_\_\_\_\_

3. Certification authority is being delegated for:  All of this PI's projects  Selected projects, listed below

4. If delegation is specific to certain project, please provide the following information provide a brief explanation of why this delegation is being requested

| Speedtype | Title of Project |  | Delegation Start Date | Delegation End Date |
|-----------|------------------|--|-----------------------|---------------------|
|           |                  |  |                       |                     |
|           |                  |  |                       |                     |

6. Name of the effort coordinator who is submitting this form:

Date:



Principal Investigator: *I certify that the delegate named above has sufficient technical knowledge and a suitable means of verifying the work performed on the projects listed above.*

Delegate: *I certify that I understand the delegation of authority being entrusted to me, and that I have a suitable means of verifying the work performed by the graduate students, postdoctoral researchers, and non PI classified staff who work on the projects listed above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward Original Copy to Controller's Office, ASB 150 +6205

**For Internal Use**