

## University of Wisconsin-Madison • Request to Delegate Certification Authority

### 1. Principal Investigator information:

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

Title & UDDS: \_\_\_\_\_

### 2. Delegate information:

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

Title & UDDS: \_\_\_\_\_

### 3. Provide the following information about each project for which certification authority is to be delegated; list additional projects on a separate sheet if more room is needed:

| Prj Number | Prj Title | Prj Sponsor | Delegation start date | Delegation end date |
|------------|-----------|-------------|-----------------------|---------------------|
|            |           |             |                       |                     |
|            |           |             |                       |                     |

### 4. Provide a brief explanation of why this delegation is being requested:

Name of the Compensation Compliance Coordinator submitting this form: \_\_\_\_\_ Date: \_\_\_\_\_

### Signatures

**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 all staff who work on the projects listed above.*

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

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

After completing this form, e-mail as an attachment to [ecc@rsp.wisc.edu](mailto:ecc@rsp.wisc.edu)