University of Wisconsin-Madison • Request to Delegate Certification Authority

1. Principal Investigator information:

Name: _____

Title & Cost Center: _____

2. Delegate information:

Name: _____

Title & Cost Center _____

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

**dates should align with ECC period(s)*

Worktags	**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.*

Signature _____ Date _____

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.*

_____ Date _____

After completing this form, e-mail as an attachment to *ecc@rsp.wisc.edu*

Revised November 2026