

## UW-Madison Effort Coordinator Manual Certification Cover Form

To: Effort Administrator, Research & Sponsored Programs  
21 N. Park St, Suite 6401; OR [effort@rsp.wisc.edu](mailto:effort@rsp.wisc.edu)

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Manual certification for \_\_\_\_\_  
*HR Appt Type: \_\_Faculty \_\_Academic Staff \_\_Classified Staff \_\_Other*

Attached you will find a printed version of the ECRT Effort Statement for the above-named person. This statement cannot be certified electronically because (check one below):

\_\_\_\_ Certifier has left university service and no longer has a valid netID  
*\*\*UW HR Appt ended on: \_\_\_\_\_(mm/dd/yyyy)*

\_\_\_\_ Certifier is leaving university service during a certification period  
*\*\*UW HR Appt will end on: \_\_\_\_\_(mm/dd/yyyy)*

\_\_\_\_ Certifier has no Institutional Base Salary but has cost sharing

\_\_\_\_ Certifier is named PI but does not work directly with the project

\_\_\_\_ Other (please specify)

I verify that the signer of the attached statement has suitable means of verification.

Title of Signer: \_\_\_\_\_ (*ex: Certification completed by: PI, Faculty, Designee*)

I am processing this manual certification form in my role as effort coordinator, and verify that the information is correct as I know it and that any salary cost transfers needed have been initiated.

\_\_\_\_\_  
*Effort Coordinator: Print name*

\_\_\_\_\_  
*Effort Coordinator: Signature*

### For RSP Use Only

Review date: \_\_\_\_\_

ECRT entry date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Processor: \_\_\_\_\_