

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

1. Principal Investigator information:

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

Job title: \_\_\_\_\_

Appointment UDDS: \_\_\_\_\_

2. Delegate information:

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

Job title: \_\_\_\_\_

Appointment UDDS: \_\_\_\_\_

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

4. If delegation is specific to certain projects, please provide the following information about each project for which certification authority is to be delegated; list additional projects on the reverse side or a separate sheet if more room is needed:

Project ID (e.g. 144-PRJ11AB)	Title of project	Sponsor	Delegation start date	Delegation end date

5. Please provide a brief explanation of why this delegation is being requested:

6. Name of the effort coordinator who is 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 the graduate students, postdoctoral researchers, and non-PI classified staff who work on the projects listed above.*

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

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

Reviewed and approved: \_\_\_\_\_ Date: \_\_\_\_\_

Kim Moreland, Associate Vice Chancellor for Research Administration

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