

COMPLETE BLUE AREAS

EFFORT RECERTIFICATION REPORT

MEMO TO: PAYROLL OFFICE

FROM: Jane Smith, Research Admin. **Phone:** 734-555-5555

DATE: 9/15/2009

SUBJECT: EFFORT RECERTIFICATION FOR TEMPORARY EMPLOYEE

EMPLOYEE NAME: John Doe

EMPLOYEE ID NUMBER: 1234567

PERIOD OF ADJUSTMENT: 06/28/2009-08/08/2009

Provide a full explanation and justification for the transfer below. Indicate why the correct ShortCode was not used initially. If the request is not initiated within 120 days of the original charge, provide justification for the delay.

These temp hours belong _____ because _____. The correct ShortCode was not used initially because _____.

This request is not being submitted within 120 days of the original charge because _____, which we are terribly sorry for and will do _____ to ensure this accident/error/oversight never happens again.

PREVIOUSLY CERTIFIED HOURS		
SHORTCODE	HOURS	TIME PERIOD
123456	38.80	06/28/09-07/11/09
123456	58.00	07/12/09-08/08/09
069999	52.10	07/12/09-08/08/09
TOTAL	148.90	

RECERTIFIED SALARY DISTRIBUTION		
SHORTCODE	HOURS	TIME PERIOD
123456	10.00	06/28/09-06/30/09
165432	138.90	07/01/09-08/08/09
TOTAL	148.90	

This Effort Recertification Report supersedes the previous report submitted for the same period. I re-certify that this report more accurately reflects time expended for the period(s) specified.

John Doe 09/15/09
Signature of Employee Date

John Doe
Printed Name of Employee

As alternate for the employee, I certify that I have direct knowledge of the work performed by the appointee for the period stated above.

Signature of Alternate for Employee Date

Printed Name of Alternate

Signature of High Administrative Authority Date

Printed Name of High Administrative Authority

**RETURN COMPLETED DOCUMENT TO YOUR FINANCIAL OPERATIONS COORDINATOR AT
5000 WOLVERINE TOWER, 1287, OR FAX TO 734-647-1932.**

REQUEST FOR ALTERNATE SIGNER:

IF EMPLOYEE CANNOT BE REACHED BY ANY FORM OF WRITTEN COMMUNICATION, YOU MUST REQUEST PRIOR PERMISSION FOR AN ALTERNATE SIGNER. TO DO SO, EMAIL EFFORT.REPORTING.PAYROLL@UMICH.EDU. ATTACH THE UNSIGNED RECERTIFICATION MEMO. INCLUDE THE NAME OF THE PROPOSED ALTERNATE, THEIR EMPL ID, AND A BRIEF STATEMENT WHY HE OR SHE IS AN APPROPRIATE ALTERNATE. AN APPROPRIATE ALTERNATE IS SOMEONE WITH SUITABLE MEANS OF VERIFYING THAT THE EMPLOYEE PERFORMED THEIR WORK DURING THE PERIODS COVERED IN THE RECERTIFICATION MEMO.