Alternate Signer Permission Granted:

EFFORT RECERTIFICATION REPORT

145140.70	DAVO	N. OFFICE				
MEMO TO:	PAYRO	PAYROLL OFFICE				
FROM:						
DATE:						
PHONE:						
SUBJECT:	EFFOR	EFFORT RECERTIFICATION FOR TEMPORARY EMPLOYEE				
EMPLOYEE NAME:						
EMPLOYEE ID:						
PERIOD OF ADJUSTIV	IENT:					
Provide a full explanati	ion for the transfer b	elow. For more inforn	nation, please see <u>Spons</u>	ored Transfer Guide	<u>lines</u> .	
PREVIOUSLY CERTIFIED HOURS			RECERTIFIED SALARY DISTRIBUTION			
SHORTCODE	HOURS	PAY PERIOD	SHORTCODE	HOURS	PAY PERIOD	
T0T41			TOTAL			
TOTAL			TOTAL			
Signature of Employee Date Printed Name of Employee As alternate for the employee, I certify that I have direct knowledge of the work performed 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 PLEASE INCLUDE THE COMPLETED EFFORT RECERTIFICATION REPORT IN YOUR JE SUPPORT. FOR MORE INFORMATION, PLEASE SEE: Preparing a Journal Entry for Hourly Paid Staff.						
REQUEST FOR ALTERN To seek an exception for	ATE SIGNER: or employees not avo	ailable to sign the forr	n and have someone else I alternate signer informa		f, please submit and	
Proposed Alternate I						
Alternate Employee						
Date of Termination						
Reason the unit cann	ot contact employee	by fax, mail or any fo	rm of written communic	ation:		
Brief explanation hov	v alternate had suita	ble means of verifying	employee performed th	eir work during the	certification period.	
Payroll Office Use Or	· L					

Date: