Provide a full explanation for the transfer below. For details, see: [Sponsored Transfer Guidelines](#).

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.

<table>
<thead>
<tr>
<th>SHORTCODE</th>
<th>HOURS</th>
<th>PAY PERIOD</th>
<th>SHORTCODE</th>
<th>HOURS</th>
<th>PAY PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>38.80</td>
<td>6/26/22-7/09/22</td>
<td>123456</td>
<td>10.00</td>
<td>6/26/22-6/28/22</td>
</tr>
<tr>
<td>123456</td>
<td>58.00</td>
<td>7/10/22-8/06/22</td>
<td>165432</td>
<td>138.90</td>
<td>6/29/22-8/06/22</td>
</tr>
<tr>
<td>69999</td>
<td>52.10</td>
<td>7/10/22-8/06/22</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL 148.90 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.

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

<table>
<thead>
<tr>
<th>Signature of Employee</th>
<th>Date</th>
<th>Printed Name of Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>09/15/22</td>
<td>John Doe</td>
</tr>
</tbody>
</table>

Signature of Alternate for Employee  

Signature of High Administrative Authority

PLEASE INCLUDE THE COMPLETED EFFORT RECERTIFICATION REPORT IN YOUR JE SUPPORT.

FOR MORE INFORMATION, SEE: [Preparing a Journal Entry for Hourly Paid Staff](#)

REQUEST FOR ALTERNATE SIGNER:

To seek an exception for employees not available to sign the form and have someone else sign on their behalf, please submit and attach the unsigned, completed Recertification Report and alternate signer information below to: effort.reporting.payroll@umich.edu

Proposed Alternate Name:

Alternate Employee ID:

Date of Termination or Long Term Disability (LTD):

Reason the unit cannot contact employee by fax, mail, or any form of written communication:

Brief explanation how the alternate had suitable means of verifying that the employee performed their work during the certification period:

Payroll Office Use Only:

Alternate Signer Permission Granted:

Date: