

COMPLETE BLUE AREAS

EFFORT RECERTIFICATION REPORT - TEMPORARY EMPLOYEE

MEMO TO:	SPONSORED PROGRAMS (<i>Forward completed form to your Financial Operations Coordinator for processing. Send to Payroll for Alternate Signer Request Approval ONLY.</i>)
DATE:	9/15/2022
FROM:	Jane Smith, Research Admin.
PHONE:	734-555-5555
EMPLOYEE NAME:	John Doe
EMPLOYEE ID:	12345678
PERIOD OF ADJUSTMENT:	6/26/22-8/06/22

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.

Check this box to indicate an additional spreadsheet is attached concerning non-consecutive pay periods or other transaction details.

PREVIOUSLY CERTIFIED HOURS			RECERTIFIED SALARY DISTRIBUTION		
SHORTCODE	HOURS	PAY PERIOD	SHORTCODE	HOURS	PAY PERIOD
123456	38.80	6/26/22-7/09/22	123456	10.00	6/26/22-6/28/22
123456	58.00	7/10/22-8/06/22	165432	138.90	6/29/22-8/06/22
69999	52.10	7/10/22-8/06/22			
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.

<u>John Doe</u>	09/15/22	John Doe
Signature of Employee	Date	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

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:	_____
---	-------	--------------	-------