

Effort Certification  
 On Federally-Funded Grants (Sponsored Programs) or Upon Request.

**Instructions:**

- This Labor Cost Distribution (LCD) summary is provided for certification of performed compensated effort.
- The employee identified below is asked to review the form for accuracy. *(If the employee is unavailable a Principal Investigator or other person knowledgeable about the employee's effort may sign.)*
  - If the information is accurate, sign the form using the AdobeWorkflow, and return the form to ORSP.
  - If the information is inaccurate, reject the signing of the form through AdobeSign to return the form to ORSP, along with a note of the correction needed. Also, email [ORSP@csueastbay.edu](mailto:ORSP@csueastbay.edu) with the correction information.
- [Related CSUEB policies and procedures](#) include, but are not limited to CSU Additional Employment policy and the Administration of Sponsored Programs policy.
- If assistance with the form or certification is needed, please contact [ORSP](#).

<b>EMPLOYEE</b>  <b>Last Name, First Name:</b> <b>Main Position: ___ Faculty ___ Staff, Admin/MPP</b>	<b>EFFORT CERTIFICATION PERIOD</b> <b>Academic Year + Summer + Winter Break</b> July 1 – December 31: Includes partial Summer, Fall, partial Winter January 1 – June 30: Includes partial Winter, Spring, partial Summer  Year ___ July – December      Year ___ January – June
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EFFORT	Committed Effort %	Amount	Person Months Equivalent	Effort %	Actual Adjusted to 100%	Committed vs. Actual Variance %	Explain variances & adjustments greater than +/- 5%
Instructional and Univ. Activity				%	%		
Federally Funded Activity				%	%		
Other Funded Activity				%	%		
Cost Match Activity				%	%		
<b>Total Period Effort (LCD)</b>				%	%		

**CERTIFICATION BY EMPLOYEE/PI OR OFFICIAL (knowledgeable about the effort)**

- No Adjustments  
 An adjustment is noted above and described here:

I certify, to the best of my knowledge that the above distribution of actual effort and any noted adjustments represents a reasonable determination of all the work performed by the above-named individual during the period covered by this report.

Employee	Title	Date
PI/Program Director or Direct Supervisor*	Title	Date

\*not required for PI or Faculty

**For ORSP Use Only:**

Date Due: \_\_\_\_\_ ORSP Review Date: \_\_\_\_\_ Director, Grants Administration \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Adjustment Date(s): \_\_\_\_\_ Initial \_\_\_\_\_