



**DESIGNEE Request**

**Please include only one project per form**

The University of Pittsburgh Effort Reporting Policy requires that effort on federally sponsored projects be certified by the Principal Investigator (PI) of the sponsored project.

The Designee assignment enables the named Designee to electronically certify the effort associated with work performed on the federal sponsored project identified below. Requests are subject to the approval of the CFO or his/her designee.

**Principal Investigator's Approval**

As the PI of the noted sponsored project and for the reasons detailed on the attached justification, I request that the individual named below be designated to certify all effort associated with this project for the period(s) listed below. If this person should leave the University or does not fulfill these responsibilities, I agree to assume the responsibility for effort certification associated with this project.

\_\_\_\_\_  
Printed PI Name                                      PI Employee #    PI Signature                                      Date

\_\_\_\_\_  
6-digit Project#                                      Designee Name                                      Designee Employee#

For Academic Periods Beginning (MM/YY): \_\_\_\_\_ Ending (MM/YY) \_\_\_\_\_

**Designee Approval**

For the reasons detailed on the attached justification, I certify that I have first-hand knowledge of or documentation providing suitable means to verify the work performed for the sponsored project identified in this request and I agree to certify the effort of those employees associated with this project.

\_\_\_\_\_  
Printed Designee Name                                      Designee Signature                                      Date

**Chair Approval**

\_\_\_\_\_  
Printed Chair Name                                      Chair Signature                                      Date

**Dean Approval (Not necessary for School of Medicine)**

\_\_\_\_\_  
Printed Dean Name                                      Dean Signature                                      Date

This Section for use for FCR only:  
Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Designee Justification Documentation

## Reason for Request:

PI Termination \_\_\_\_\_  
Termination Date

Other – Describe Below

Description

## Justification for Designee Selection:

First-hand knowledge  
(Must have witnessed work-explain below)

Other Suitable Means  
(Attach Signed Support-  
describe below)

Description