UNIVERSITY OF PITTSBURGH
OFFICE OF FINANCIAL COMPLIANCE FOR RESEARCH
e.crt Request for Proxy Designation

In accordance with OMB Circular A-21, the University of Pittsburgh Effort Reporting policy requires each Principal Investigator (PI) to certify his/her own effort on federal sponsored projects. The University’s electronic effort certification system (e.crt) is web-based and available through the single sign-on at my.pitt.edu portal from any location with internet access.

In extreme situations, it may be necessary for a PI to identify a proxy to certify his/her effort statement. This would include situations of serious illness or several months spent in a remote location with no internet access. Proxy designation assigns certification responsibilities to another individual with detailed knowledge of the PI’s work portfolio and his/her efforts related to each project. The Proxy designee should not be a fiscal administrator. A Proxy designation applies only to the PI’s personal effort statement. If the PI is unable to certify effort statements of employees on his/her grants, Request for Certifier Designee forms must be completed for each sponsored project to request the assignment of a certifier designee to certify those employees working on each specific project.

The Proxy designation is a temporary arrangement and subject to approval by the CFO’s Research Compliance Committee. The Request for Proxy Designee and supporting justification and attachments must be submitted to the Office of Financial Compliance for Research, 2502 Cathedral of Learning, or emailed to SPARhelp@cfo.pitt.edu for consideration, in accordance with the following cut off schedule:

<table>
<thead>
<tr>
<th>Certification Period</th>
<th>Due Date</th>
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<tr>
<td>January – February</td>
<td>December 1</td>
</tr>
<tr>
<td>May – June</td>
<td>April 1</td>
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<td>September – October</td>
<td>August 1</td>
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For the reasons detailed on the attached justification, I request that the individual named below be designated to certify my effort statement(s) effective immediately and concluding _________________. If this person should leave the University or does not fulfill these responsibilities, I agree to assume the responsibility for my effort certification.

_________________________________________________________  ____________________________  ________
Printed PI Name                                               PI Signature                              Date
I certify that I have sufficient technical knowledge and/or I am in a position that provides me with suitable means of verification of the work performed by the PI identified in this request and I agree to certify his/her effort statement for the period(s) indicated.

Printed Proxy Name

Proxy Signature

Date

Chair Approval

Printed Chair Name

Chair Signature

Date

Dean Approval

Printed Dean Name

Dean Signature

Date

Please attach a required justification statement and any other supporting documentation that may be relevant to this request.