

PROXY Request

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 and that all PIs certify their own effort.

The Proxy designation enables the named individual to electronically certify the PI's personal effort

statement. Requests are s	ubject to the approv	val of the CFO or his/her desig	gnee.
Principal Investigator's F	Approval		
effort statement(s) for the acade	mic period(s) beginning	equest that the individual named be If this person he responsibility for my effort certifi	n should leave the University or
Printed PI Name	Employee #	PI Signature	 Date
Proxy Approval			
		echnical expertise and/or I have doc in this request and I agree to certify	
Printed Proxy Name	Employee #	Proxy Signature	 Date
Chair Approval		:======================================	
Printed Chair Name		Chair Signature	 Date
Dean Approval (Not nec	essary for School	of Medicine.)	
Printed Dean Name		Dean Signature	 Date
This Section for use for FCR	only:		
Approval:		Date:	

Proxy Justification Documentation

Reason for Request: PI Termination Other - Describe Below **Termination Date** Description **Justification for Proxy Selection:** Other Suitable Means First-hand knowledge (Must have witnessed work-explain below) (Attach Signed Supportdescribe below) Description