



Request to Delegate Effort Certification Authority for ecrt

1. Principal Investigator Information:

Name: _____
Job Title: _____
Empl ID: _____
Department: _____

2. Delegate Information:

Name: _____
Job Title: _____
Empl ID: _____
Department: _____

3. Certification authority is being delegated for: All of this PI's projects Selected projects, listed below

4. If delegation is specific to certain project, please provide the following information provide a brief explanation of why this delegation is being requested

Speedtype	Title of Project		Delegation Start Date	Delegation End Date

6. Name of the effort coordinator who is submitting this form:

Date:



Principal Investigator: *I certify that the delegate named above has sufficient technical knowledge and a suitable means of verifying the work performed on the projects listed above.*

Delegate: *I certify that I understand the delegation of authority being entrusted to me, and that I have a suitable means of verifying the work performed by the graduate students, postdoctoral researchers, and non PI classified staff who work on the projects listed above.*

Signature _____ Date _____

Signature _____ Date _____

Forward Original Copy to Controller's Office, ASB 150 +6205

For Internal Use