UW-Extension Effort Coordinator Manual Certification Cover Form

To: Effort Administrator
   Office of Extramural Support
   University of Wisconsin-Extension

From: ______________________________________________

Date: ______________________________________________

Attached you will find a manual copy of the Effort Certification Card for:

________________________________________________________________________

Reason for manual certification:

____ Certifier has left university service and no longer has a valid netID
   (date left university: ________________)

____ Certifier is leaving university service during a certification period

____ Other (please specify)

____ Signed by someone other than individual certifier (justification attached as to why
   original certifier cannot sign paper copy)

I am processing this manual certification form in my role as effort coordinator, and verify that
the information is correct as I know it and that any salary cost transfers needed have been
initiated.

____________________________________
Print name

____________________________________
Signature