Hennepin Healthcare Research Institute
Employee Effort Certification
For the Period
01/16-31/2018

Color Key: Update each certification | Update only when it changes

1. Select…

Pay Period	Year
01/16-31	2018

2. Personal Information…

Employee Name	Email Address
Department	**Phone Number**

3. Effort Certification: Project Effort and Bid/Proposal Effort *(Total Effort Must Equal 100%)*

Select Effort Type	Title *(Optional for Project Effort)* Title and Sponsor *(Required for Bid/Proposal Effort)*	HCMC Cost Ctr *Project Effort Only (4 digits)*	HHRI Project # *(5 digits – Proj Effort 020XX – Bid/Prop)*	% of Effort *(As a Whole Number)*
	Total Effort *(Must Equal 100%)*			0.00

4. Effort Certification Statement:

The information above reflects my effort for both my HHRI & HCMC activities. I understand that funding disallowances and severe penalties, including prosecution under the False Claims Act could result from inaccurate, incomplete, or untimely effort reporting. I also understand that once Finance receives this completed and signed report, all Effort is final as certified.

5. Signatures:

Employee Signature _____ **Date** _____

Approval Signature _____ **Date** _____

Phone # _____ **Email** _____

This Report must be received by HHRI Accounting, no later than (3)business days from the last day of the period being certified. Failure to comply could result in termination of direct deposit, no delivery of paycheck or both.

Mail To - HHRI Grant Accounting, PP7.700 or Email Scanned Copy To - EffortForms@hhrinstitute.org