

VIRGINIA STATE UNIVERSITY

EFFORT CERTIFICATION FORM

EMPLOYEE NAME _____

FACULTY ID# _____

REPORTING PERIOD _____

TOTAL SALARY FOR PERIOD

0.00

ACCOUNTS CHARGED

AMOUNT CHARGED

PERCENT
CHARGED

PERCENT OF
EFFORT

COST
SHARING

XX TITLE	0.00	#DIV/0!	0.00%	0.00
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XX TITLE	0.00	#DIV/0!	0.00%	0.00
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XX TITLE	0.00	#DIV/0!	0.00%	0.00
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XX TITLE	0.00	#DIV/0!	0.00%	0.00
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XX TITLE	0.00	#DIV/0!	0.00%	0.00
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XX TITLE	0.00	#DIV/0!	0.00%	0.00
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	0.00	#DIV/0!	0.00%	0.00
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EMPLOYEE SIGNATURE _____

UNIT LEADER SIGNATURE _____

I CERTIFY THAT THE SALARIES & WAGES CHARGED TO THESE ACCOUNTS ARE REASONABLE
IN RELATION TO THE WORK PERFORMED.