

WESTERN STATE COLORADO UNIVERSITY

EFFORT CERTIFICATION REPORT - CLASSIFIED AND STUDENT WORKERS
REPORTING PERIOD _____ TO _____

HOME DEPARTMENT: _____

Please insert the code for the department here

HOME ADDRESS: _____

Please insert Department building and office number if applicable

EMPLOYEE/STUDENT NUMBER	NAME	COST CATEGORY	ACCOUNT	EFFORT PERCENTAGE	SALARY CHARGES	RESPONSIBLE OFFICIALS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	Signature/Date
_____	_____	Other Institutional	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Total	Total	Signature/Date

* I CERTIFY THAT THIS REPORT REPRESENTS A REASONABLE ESTIMATE OF 100 PERCENT OF THE ACTUAL EFFORT EXPENDED DURING THE MONTH FOR ALL NOTED DEPARTMENT PERSONNEL, PENDING AND CHANGES NOTED ABOVE.

EFFORT REPORTS MUST BE RETURNED TO PAYROLL ACCOUNTING WITHIN 30 DAYS OF THE END OF THE REPORTING MONTH
