

## UTHealth Manual Certification Cover Form

Manual certification for \_\_\_\_\_

*Employee ID:* \_\_\_\_\_

*HR Appt Type:*

This statement cannot be certified electronically because (check one below):

\_\_\_ Certifier has left university service and no longer has a valid netID

    \*\*UT HR Appt ended on (mm/dd/yyyy): \_\_\_\_\_

\_\_\_ PI has left the university & unavailable to certify the effort statement

    PI Employee ID: \_\_\_\_\_

    PI's HR Appt ended on (mm/dd/yyyy): \_\_\_\_\_

\_\_\_ Other (please specify):

Enclosed with this cover form you will find a PDF of the eCRT® Effort Statement for the above-named person, signed by an individual with adequate knowledge of the projects included on the statement & suitable means of verification.

I am processing this manual certification form, in my role as Effort Coordinator, and verify that the statement has been reviewed for accuracy and is in its final state.

**Effort Coordinator Name**

**Effort Coordinator Signature**