

University of Wisconsin-Milwaukee • Request to Delegate Certification Authority

1. Principal Investigator information:

Name: _____
 Title & UDDS: _____

2. Delegate information:

Name: _____
 Title & UDDS: _____

3. Provide the following information about each project for which certification authority is to be delegated; list additional projects on a separate sheet if more room is needed:

Project ID (e.g. 144-PRJ11AB)	Title of project	Sponsor	Delegation start date	Delegation end date

4. Provide a brief explanation of why this delegation is being requested:

Name of the Compensation Compliance Coordinator submitting this form: _____ Date: _____

Signatures

Principal Investigator: *I certify that the delegate named above has sufficient technical knowledge and a suitable means of verifying the work performed on the projects listed above.*

Delegate: *I certify that I understand the delegation of authority being entrusted to me, and that I have a suitable means of verifying the work performed by all staff who work on the projects listed above.*

Signature _____ Date _____

Signature _____ Date _____

After completing this form, e-mail as an attachment to or-osp-effortreporting@uwm.edu