

Annual Effort Certification

“No Change” PAF

May 17, 2017, River Rats

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Discussion Points

- A. § 200.430 Compensation – Personal Services
 - (OMB Circular A-21, Section J10)
- B. Process
- C. HRMS Effort Certification Exception Report
- D. “No Change” Personnel Action Form



200.430, (i) Standards for Documentation

- Based on records that accurately reflect work performed
 - Be supported by a system of internal controls
 - Incorporated in official records
 - Reasonably reflect the total activity
 - Federal and other activity treated on an integrated basis
 - Salary distributed among activities and cost objectives
 - Comply with accounting policies and practices and University's written policy



200.430, (i) Standards for Documentation

- System for establishing estimates produces reasonable approximation of activity performed
- Significant changes in work activity are identified and recorded in a timely manner
- Internal controls include process to review after-the-fact interim charges made to a Federal award based on budget



A-21, Section J10

- “At least annually a statement will be signed by the employee, principal investigator, or responsible official(s) using suitable means of verification that the work was performed, stating that salaries and wages charged to sponsored agreements as direct charges, and to residual, F&A cost or other categories are reasonable in relation to work performed.”



No Change PAF Process

Annual “No Change” PAF for Selected Employees

- Run Effort Certification Exception report in HRMS of employees without an effort/payroll allocation change in the prior 12 months
- For the employees on the report with at least one GR5 FAO account in the allocation, prepare a “no change” PAF
- Print, or process electronically, so the employee can sign the effort certification and submit to HR Service Center



Effort Certification Exception

Favorites | MAIN MENU > UR Reports and Interfaces > Labor Distribution > Effort Certification Exception

Effort Certification Exception

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Add a New Value

▼ Search Criteria

Search by: Run Control ID begins with

Case Sensitive

Search

[Advanced Search](#)



Effort Certification Exception

Effort Certification Exception

Run Control ID:

[Report Manager](#) [Process Monitor](#) [Run](#)

Months to Look Back:

If no value is entered, report will look back 12 months.

[Save](#) [Return to Search](#) [Notify](#) [Add](#) [Update/Display](#)

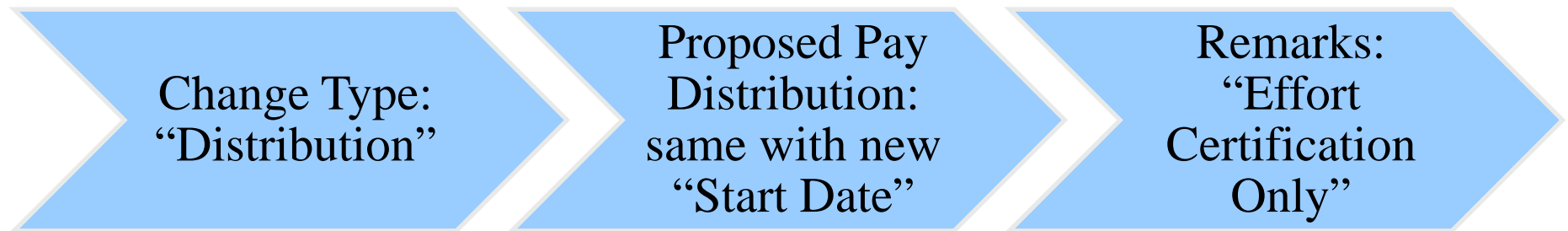


Effort Certification Exception

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Dept Family	Name	Emplid	Empl Rcd	Empl Status	Full/Part Time	Dept	Dept Description	Jobcode	Jobcode Description	Manager Name	Date Last check	Any Fed Accts?
2	Research Dept	Johnson, Geraldine	123456	0	A	F	400###	Research Dept M&D	0001	Professor	Manager, Gertrude	4/28/2017	Y
3	Research Dept	Camper, Happy	543210	1	A	T	400###	Research Dept M&D	0311	Laboratory Technician III	Manager, Gertrude	5/5/2017	Y



“Effort Only” PAF Process



The individual’s Effort Certification signature will be the only required signature.



“No Change” PAF

University of Rochester				Confidential												
Faculty or Other Instructional Appointment and Proposed Change Form																
Last Updated: 03/01/2012	Name: <u>Something, Samantha</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Approvals</th> </tr> <tr> <th style="font-size: x-small;">Initials</th> <th style="font-size: x-small;">Date</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="text-align: center;">HR</td> <td> </td> </tr> </tbody> </table>			Approvals		Initials	Date							HR	
Approvals																
Initials	Date															
HR																
Current Status: Active	Employee ID: 193689 Empl Rec#: 0 Primary Job															
URID: 23795555	UR Hire Date: 09/15/2003 Service Date: 09/15/2003															
Tenure Dt:																
Effective Date of Change: <input type="text" value="09/01/2013"/> (Last Day worked <input type="checkbox"/> Change Pending																
Change (Check all that apply):																
<input type="checkbox"/> Promotion	<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Retirement	<input type="checkbox"/> Termination													
<input type="checkbox"/> Pay Rate	<input type="checkbox"/> Grant Tenure	<input type="checkbox"/> Reappoint/Rehire	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary													
<input type="checkbox"/> Data		<input type="checkbox"/> Return from Leave	<input type="checkbox"/> Elim. of Position <input type="checkbox"/> End of Appt													
<u>Current</u>		<u>Proposed</u>														
Department:	400088 Pediatrics M&D Neonatology															
Position#:	20013174 Research Asst Professor															
Functional Title:																
Job Code:	0042 Research Asst Professor															
Time Status:	Full-Time															
Regular/Temporary:	Regular															
% Full Time (PTE):	100%															
Appt Dt:	11/01/2010 End Date: 01/31/2011															
Salary Plan/Grade:	UR2/000															
Rate of Pay:	\$ 60,000.00 ANNUAL															
Installments per Pay Period:																
Box #:	Box 850															
Building #/Name:	105 Strong Memorial Hospital															
(SMD) Activity Option:																
<input type="checkbox"/> Add Additional Appointment:																
Title	Dept #	Dept Name	Effective	End Date												
<u>Present Pay Distribution:</u>		<u>Proposed Pay Distrib (For retroactive or Salary Cap - use 800 form)</u>														
Acct Data	Start Date	End Date	Acct Data	Start Date End Date												
349774-1000 40%	03/01/2012		349774 1000 40%	09/01/2013												
526727-1000 60%	03/01/2012		526727 1000 60%	09/01/2013												
I certify that the Present Pay Distribution above is a reasonable reflection of effort devoted during the period prior to the effective date of this proposed change.																
Signature: _____			Date: _____													
Prepared by: Administrator, Thomas J thomas.administrator@urmc.rochester.edu			275.4589 Box 851													
Remarks: Effort Certification Only																
Alice Smith	Date	William Jones	Date													
Forward to HR Service Center, PO Box 278955																



Questions?



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