

Form Match-B.

I hereby certify

that I will maintain a means of verification that the work was performed (This verification can be in the form of a log, time sheet, calendar, schedule, lab notes, etc.),

that I will maintain a means of verification for 5 years after the end of the project budget period and make it available to TTU auditors upon request.

I understand that the number of hours spent on the project need not equal the estimated hours each week. And that short-term (such as 1 or 2 months) fluctuations do not require adjustment. However, should a situation arise where the anticipated total level of effort will not be reached, I will contact the Office of Research Services so that alternative matching for the project can be arranged.

Signature _____ **Date** _____

Principal Investigator/Project Director's Certification:

I have reviewed the above description. I concur that the work described is necessary and reasonable for proper and efficient accomplishment of project objectives. I agree that the above individual's anticipated total level of effort to be worked on the project is reasonable. The individual is not to be paid from the project for these efforts.

Signature _____ **Date** _____

Department Head's Certification:

Salary account number:

An anticipated average of 2 hours per week will be considered as 5%; an anticipated average of 4 hours per week will be considered as 10%; etc.

The percentage related to the above anticipated average number of hours per week is ____%. The individual will be paid at least this percentage of time from the above salary account number during the periods in 10 above.

I agree that the above estimated average number of hours per week to be worked on the project is a reasonable approximation. I understand that I will be periodically expected to complete Personnel Activity Reports (PAR'S) to certify that the above level of effort is occurring.

Signature _____ **Date** _____