

TJU & TJUH
PAF CERTIFICATION PAGE FOR GRANT ACCOUNTS
To be attached to all PAF transactions affecting a grant account

EMPLOYEE NAME: _____

PAF PRINT DATE: _____

SECTION A. REASON FOR TRANSFER: *Consult effort reports when crossing into a previously certified period.*

- Adding a new salary source.
 Effort shift.
 Removing a salary source at grant termination.
 Salary Increase
 Other _____

SECTION B. AUTHORIZATION FOR LATE TRANSFERS *Only "Other" explanations require signature by the Chair and Vice President.*

- Grant account established on _____. *Explanation is valid only if PAF is received in ORA within 30 days of establishment.*
 PAF was unavailable while it was in process for a previous transaction. *Valid only if PAF is received by ORA within 30 days of print date.*
 Effort certification indicated the need for a credit adjustment. *Valid only if PAF is received in ORA within 30 days of the effort deadline.*
 Delayed retroactive salary increase. *Attach authorization (with dates) and explain the reason for the delay in the space below, if necessary.*
 OTHER (Requires additional signatures) _____

Department Chair	Date	Director, Office of Research Administration	
			<input type="checkbox"/> APPROVED <input type="checkbox"/> AMENDED <input type="checkbox"/> NOT APPROVED
Vice President for Research			

SECTION C. SIGNATURES *I hereby certify that to the best of my knowledge all expenses are appropriate and applicable to the grant(s) being affected.*

P.I. Approval: **Date**

ORA Approval: **Date**