

# Section X

## ASC Exempt Staff Monthly Certification

**CSU FULLERTON**  
AUXILIARY SERVICES CORPORATION

**ASC EXEMPT STAFF MONTHLY CERTIFICATION**

NAME:  (1) CWID#:  MONTH:  (2)  
 DEPARTMENT:  YEAR:

PLEASE COMPLETE ALL APPLICABLE SECTIONS:

**SECTION A: SPONSORED PROGRAMS ACTIVITIES**

|                 | PROJECT | FUNDING AGENCY | PROJECT TITLE | BUDGET PERIOD |     | PI | PERCENT EFFORT |
|-----------------|---------|----------------|---------------|---------------|-----|----|----------------|
|                 |         |                |               | START         | END |    |                |
| 2               |         |                |               |               |     |    | 0%             |
| 3               |         |                |               |               |     |    |                |
| 4               |         |                |               |               |     |    |                |
| 5               |         |                |               |               |     |    |                |
| 6               |         |                |               |               |     |    |                |
| 7               |         |                |               |               |     |    |                |
| 8               |         |                |               |               |     |    |                |
| TOTAL SECTION A |         |                |               |               |     |    | 0%             |

**SECTION B: OTHER - NON SPONSORED PROGRAMS ACTIVITIES**

|                 |  |  |  |  |  |  |    |
|-----------------|--|--|--|--|--|--|----|
| 1               |  |  |  |  |  |  |    |
| 2               |  |  |  |  |  |  |    |
| 3               |  |  |  |  |  |  |    |
| TOTAL SECTION B |  |  |  |  |  |  | 0% |

**SECTION C: TOTAL EFFORT SECTION A & B**  
TOTAL EFFORT A & B:  0%

**SECTION D: EMPLOYEE NOTES (OPTIONAL)**

1  (6)

**INSTRUCTIONS:**

- ASC EXEMPT STAFF EFFORT CERTIFICATION FORMS ARE DUE MONTHLY BY THE 10TH OF EACH MONTH.
- PLEASE LIST EACH PROJECT AND/OR ACCOUNT AND THE PERCENT OF TIME WORKED ON EACH DURING THE REPORTING PERIOD.
- SECTION C - TOTAL EFFORT SHOULD EQUAL 100%.
- SIGN AND DATE THE FORM CERTIFYING THAT THE INFORMATION PROVIDED IS A REASONABLE ESTIMATION OF YOUR EFFORT DURING THE PERIOD STATED.
- STAFF ON SPONSORED PROJECTS SHOULD CERTIFY THEIR OWN EFFORT. THE PI OR SUPERVISOR MAY ACT AS THE CONFIRMING SIGNATURE WHEN STAFF IS NOT AVAILABLE AS LONG AS HE/SHE HAS SUITABLE MEANS OF VERIFICATION OF THE ACTIVITIES PERFORMED BY THE EMPLOYEE.

CERTIFY THAT THIS REPORT REPRESENTS A REASONABLE ESTIMATE OF THE ACTUAL EFFORT EXPENDED ON EACH PROJECT FOR REPORTING PERIOD STATED ABOVE.

PRINT NAME

CONFIRMING SIGNATURE       DATE

### [ASC Exempt Staff Monthly Certification Form](#)

1. Complete individuals name, CWID, & Department
2. Enter the month and year this certification is for (must be completed monthly)
3. Complete section A with project #, funding agency, title project start and end date, PI Name and % effort
4. Complete section B with all projects not through Sponsored Programs
5. The sum of Section A and Section B should equal 100%
6. Print and sign