

Employee Non-Allowable Activities Request Form

(Not for use with Civil Service appointments)

(for departmental personnel records)

Employee Name: _____ UIN: _____

Home Department: _____ College: _____

Position Title & Number: _____ Appointment FTE %: _____

As a condition of receiving sponsored awards, the university must confirm that the effort expended on sponsored projects justifies the compensation charged to the project and that the commitment set forth in the proposal and subsequent award complies with the terms and conditions of the agreement for the sponsored project. Effort reporting demonstrates to sponsors that the university has met its requirements with respect to the Committed Effort in the award whether such effort is direct charged or cost shared. The university could be subject to financial penalties, disallowed expenditures, and harm to its reputation for failure to provide accurate effort reporting. I certify that I understand the following:

- University Effort is 100% of an employee's workload during any given appointment period, regardless of appointment percentage. University Effort is the sum of all institutional activities, including work performed for Sponsored Projects.
- Non-Allowable Activities on sponsored projects (including but not limited to: general administrative efforts, proposal development not related to the current sponsored activities, committee work, teaching and teaching preparation, and student advising) must not be charged to sponsored projects.
- Any employee whose responsibilities set forth in their position descriptions are narrowly defined and solely devoted to specific Sponsored Projects, with no Non-Allowable Activities, may devote 100% of their University Effort to Sponsored Projects during any given appointment period.

As a University of Illinois employee whose position is supported 100% by sponsored project funds, I hereby request approval to participate in the following Non-Allowable Activities:

Start Date	End Date	% Effort to Non-Allowable	Funding / CFOAP	Description of Non-Allowable Activity

I certify that I will receive supervisor approval for this activity and we will work with our HR/Business Manager to ensure the proper steps are taken to adjust my funding distributions before the non-allowable activities occur.

Signatures and Approvals:

Employee

Date

Supervisor, Home Department/Unit

Date

Department Head/Director, Home Department/Unit

Date