

**Research Foundation of
The City University of New York**

CUNY Staff Effort Notice

CUNY Staff Effort For RF No. _____

Purpose of Organized Research

PRINCIPAL INVESTIGATOR _____

Project: Other Sponsored Activity

Please return the original completed copy of this notice for all awards to the Grant Accounting section of the Research Foundation within 10 days from the time you have received a RF project account number. The two copies may be retained by the college. If no CUNY staff effort is planned, write "NONE" in the following section. Compliance with this request will insure full and proper credit to the account of your school and provide the basis for maintaining a record of cost sharing.

Scheduled CUNY staff effort for this award is as follows:						
Employee Name	Project Position	% Effort	Salary		For The Time Period	
			Charge to Award	Cost Sharing	From	To
1.			\$	\$	/	/
2.			\$	\$	/	/
3.			\$	\$	/	/
4. Fringe benefits will be calculated at the standard rate. If a lower rate is used, insert rate _____ % and Please explain on reverse side of first copy.						
5. Name of CUNY unit to receive credit _____						
6. _____					SIGN HERE	
Signature of Principal Investigator			Date			
7. _____						
Signature of College Administrative Representative			Date			

In the space provided below, show the annual salary rates of the employees named above, and computations of the CUNY staff effort to be allocated to the award. If the rates are scheduled to change during the period (s), show effective dates of each such change and the new amounts.

NAME	ANNUAL SALARY	FROM	TO

COMPUTATION:

ATTACH ADDITIONAL SHEETS IF NECESSARY