



Foundation for Atlanta *Veterans* Education and Research

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DECATUR, GEORGIA 30033  
VOICE: 404.728.4856  
FAX: 470.300.8490  
www.faver.foundation

## EMPLOYEE EFFORT VERIFICATION

Employee Name:

PI Name:

Requested Effective Start Date:

If Temporary, Requested End Date:

(leave this field blank if the effort change is for the foreseeable future)

**INSTRUCTIONS:** Accurate reporting of employee effort by VA-approved R&D project or educational activity is required for all FAVER employees. Below is a listing of the current effort allocations for the employee named above. If this information is correct, please check the "No Changes" checkbox near the bottom of this form. If changes are required, please enter the updates in the "Updated Employee Effort Allocations" below. Once you have completed the form, please sign and date as PI and fax to 470.300.8490 or scan and email to rachel.davis4@va.gov.

The % effort for each employee must total 100%.

If you do not know the FAVER Grant ID and/or Project Name, please email Marcia Weese, marcia.weese@va.gov.

### *CURRENT EMPLOYEE EFFORT ALLOCATIONS (TO BE COMPLETED BY FAVER)*

FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:

### *UPDATED EMPLOYEE EFFORT ALLOCATIONS (TO BE COMPLETED BY PI)*

FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:
FAVER GRANT ID:	PROJECT NAME:	% EFFORT:

NO CHANGES. THE INFORMATION LISTED IN THE "CURRENT EMPLOYEE EFFORT ALLOCATIONS" SECTION ABOVE IS ACCURATE.

By signature below, I certify that work performed by the employee named above will be consistent with the effort distribution identified in the Updated Employee Effort Allocations section. If there are any changes to the employee's effort allocation documented above, I understand, that as PI, I must notify FAVER immediately.

VA PRINCIPAL INVESTIGATOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_