

GEORGIA INSTITUTE OF TECHNOLOGY

Page 1 OF 2

ANNUAL STATEMENT ON THE REASONABLENESS OF SALARY CHARGES

FOR THE FISCAL YEAR ENDED JUNE 30, 2013

GL ORG
SCHOOL/DEPARTMENT

Electrical & Computer Engr

NAME

EMPL

AMG Graduate Research Assistant

Revision Initiated & dated by Employee

Project Number	Academic/Fiscal		Summer School		TOTAL FISCAL YEAR SALARY CHARGED		Certified Annual Effort (1) (Dollars) %
	Salary Charged	%	July/Aug & May/June Salary Charged	%		%	
21065CD	17,838.27	66.70			17,838.27	66.70	
2106ADJ	3,423.72	12.80			3,423.72	12.80	3,160.49 11.82
2106AMQ	3,375.00	12.62			3,375.00	12.62	
2106CBE	2,105.84	7.87			2,105.84	7.87	2,369.07 8.86
TOTALS	26,742.83	100.00	0.00	0.00	26,742.83	100.00	

COLUMN

A

B

C

D

ASC 07/29

Revision indicated on page one of ASR

****INSTRUCTIONS****

If errors or omissions are found on the ASR, **please make any necessary revisions on Page 1 in ink and have employee initial & date by all revisions. A cost transfer form will need to be submitted as well for any revisions.**

Note: All forms of Other Compensation are not reflected on the ASR so do not add that data.

* CONSISTENT WITH BOARD OF REGENTS' POLICY, PERCENTAGES ARE NOT SHOWN FOR FOUNDATION SUPPLEMENTS (700 AND 780 ACCOUNTS).

NOTES: (1) COMPLETE DOLLAR CHANGES IN COLUMN C AND PERCENT CHANGES IN COLUMN D ONLY IF ACTUAL ANNUAL EFFORT PERCENTAGES ARE DIFFERENT FROM THOSE SHOWN IN % COLUMN B FOR "TOTAL FISCAL YEAR SALARY CHARGED". IF CHANGES ARE REQUIRED TO BE ENTERED IN

COLUMNS, C AND D THESE COLUMNS MUST BE COMPLETED FOR EACH PROJECT NUMBER. THE CERTIFIED ANNUAL EFFORT PERCENTAGES SHOWN IN COLUMN D MUST ADD TO 100%

PLEASE CERTIFY THE ABOVE SALARY CHARGES DISTRIBUTION BY SIGNING THIS FORM ON PAGE 2

****INSTRUCTIONS****

Each ASR should be returned with two (2) separate signatures in the signature areas. One (1) from the employee/First-hand Knowledge and one (1) from the Department Financial Manager. **(Separate Signatures required for First-hand Knowledge and FM)**

ALSO NEED DATES FOR SIGNATURES.

- (2) IF EFFORT IS REPORTED IN THESE CATEGORIES, DEPARTMENTAL ADMINISTRATION - INSTRUCTION (290 ACCOUNTS), DEPARTMENTAL ADMINISTRATION - RESEARCH (400 ACCOUNTS) OR DEPARTMENTAL ADMINISTRATION - PUBLIC SERVICE (990 ACCOUNTS) YOU MUST COMPLETE THE FOLLOWING SECTION ON THESE ACTIVITIES:

DEPARTMENTAL ADMINISTRATION (INDIRECT) ACTIVITIES

INDICATE INDIRECT ACTIVITIES BY CHECKING ONE OR MORE BOXES BELOW:

- SUPERVISORY OR MANAGERIAL ACTIVITIES
- PERSONNEL ADMINISTRATION, INCLUDING WORK ASSIGNMENTS AND MONITORING OF WORK ASSIGNMENTS
- BUDGET CONTROL
- PURCHASING
- FACILITIES MANAGEMENT, INCLUDING PROPERTY CONTROL
- GRANT AND CONTRACT ADMINISTRATION (DESCRIBE TYPE OF WORK)
- SUPPORTING ACTIVITIES – STOCKROOM, CLERICAL, ETC. (WHICH)
- COMMITTEE ASSIGNMENTS (NAME OF COMMITTEE)
- EDITING AND PUBLISHING OF RESEARCH AND OTHER REPORTS
- RESEARCH AND PUBLIC SERVICE ACCOUNTING AND RECORD KEEPING
- OTHER (DESCRIBE)

Note: If any effort is on Dept Admin projects, please complete the Indirect Activities Section

- (3) PLEASE COMPLETE SIGNATORY CERTIFICATION REQUIREMENTS ON WORK PERFORMED

CERTIFICATION OF EFFORT- SIGNATORY CERTIFICATION REQUIREMENTS

THIS SIGNATURE SECTION SHOULD BE USED IN ALL CIRCUMSTANCES EXCEPT FOR UNUSUAL SITUATIONS

OR

(USE ONLY FOR EXCEPTIONS)

I CONFIRM THAT I HAVE FIRST-HAND KNOWLEDGE OF ALL THE WORK PERFORMED BY THE ABOVE EMPLOYEE AND THAT THE DISTRIBUTION OF SALARY CHARGES ON PAGE ONE REPRESENTS A REASONABLE ESTIMATE OF WORK PERFORMED DURING THE STATED PERIOD.

ONLY USED ON EXCEPTION BASIS: Supervisor or PI with FIRST-HAND Knowledge – Print Name, Title, Signature and Date

EMPLOYEE George P Purdell
SIGNATURE _____
DATE _____

PRINT NAME _____
TITLE _____
SIGNATURE _____
DATE _____

UNIT FINANCIAL MANAGER'S CERTIFICATION:

THE AMOUNTS REPORTED ABOVE MATCH THE DEPARTMENT PAYROLL AND SPD RECORDS, THE DEPARTMENTAL ADMINISTRATION SECTION HAS BEEN COMPLETED IF REQUIRED, AND THE STATEMENT HAS BEEN SIGNED IN ACCORDANCE WITH REQUIREMENTS:

FINANCIAL MANAGER: _____ DATE: _____

THE COMPLETED FORM IS TO BE RETURNED TO THE SPD CENTER IN THE OFFICE OF GRANTS AND CONTRACTS ACCOUNTING, MAIL CODE 0259, BY SYSTEM GENERATED DUE DATE.

SIGNATURE OF EMPLOYEE HERE and DATE

SIGNATURE OF UNIT FINANCIAL MANAGER HERE and DATE