

From: Smith, Donna
Sent: Friday, February 19, 2010 2:59 PM
To: Generales, Marianne
Cc: Cooper, Mark; Kang, Choa
Subject: Unsigned & Uncertified Paper PARs Count by VC & Dept and Email EXAMPLE

Hello Marianne,

Per your discussion with Mark – please find attached the *Unsigned & Uncertified Paper PARs Count by Vice Chancellor and Department*. The following is an example of the outstanding paper PARs email which will be sent to MSOs at Academic Affairs.

Please let us know when Mark will present to the ORUBA group.

Thank you,
Donna

Urgent - Outstanding Paper PARs (Personnel Activity Reports) Calendar Years 2006 & 2007

Greetings,

During Fiscal Year 2007-2008, UC San Diego implemented ECERT, an Electronic Certification of Effort Reporting Tool to replace the paper PARs (Personnel Activity Reports) in order to enhance our reporting process. This has resulted in a much more effective and efficient process with many thanks to the efforts you and your departments have placed on cooperating with our researchers and OPAFS in monitoring certifications.

There are still “**unsigned**” paper PARs that require immediate certification in order for us to stay compliant in case of audits. It is important that these paper PAR certifications are signed and returned to either d8smith@ucsd.edu or mail code #0954 (Attn: Donna). Copies of unsigned paper PARs for employees who are in your home department are REGENERATED and attached.

Please look for the original signed PARs retained in your department, and mail a photocopy of the original signed PARs to mail code #0954. Or, if the original PARs are unavailable, please have the attached regenerated PARs resigned, and mail a photocopy of the resigned PARs to mail code #0954.

Please return the signed PARs by (Date to be determined). Your prompt response to this urgent request will be greatly appreciated.

Should you have any questions, please do not hesitate to contact us at ecerhelpdesk@ucsd.edu.

Thank you,

Mark E. Cooper
Director, Office of Post Award Financial Services

0401

D612306569P

REPORT PERIOD: FALL 2006

ORIGINAL RETAINED BY DEPARTMENT
MAIL PHOTOCOPY TO EMF AT 0954

0401

CAMPUS	SAN DIEGO
PAR NO.	D612393583P

UNIVERSITY OF CALIFORNIA
PERSONNEL ACTIVITY REPORT

EMPLOYEE NUMBER: 000
REPORT PERIOD: FALL 2006

PLEASE RETURN TO OPADS BY : APR 05, 2007

The index-fund numbers and percentages preprinted below are based on University payroll records. If the index-fund numbers or payroll percentages are incorrect or incomplete, please make the corrections, additions or deletions in this section. Make sure to add index-fund numbers for projects with cost sharing and enter the cost sharing effort in Section II.

[illegible]

Must be completed by employee or responsible official to reflect the actual effort expended for each project (index-fund) listed in Section I for the report period.

EFFORT PERCENT

Total 100%

If corrections are made in Section I above, provide an explanation for the correction(s) and initial below.

Date _____

Please certify by signing that all information reported above is correct. If one person is certifying effort charged to more than one department, indicate this next to the signature.

I certify that this report represents a reasonable estimate of the actual effort expended on each sponsored project and each funding source as listed above for the period reported.

Date _____

RETN: Department - 5 years subject to contract and grant requirements
Accounting - 5 years

ORIGINAL RETAINED BY DEPARTMENT
MAIL PHOTOCOPY TO EMF AT 0954

Department Timekeeper

CAMPUS

EMPLOYEE NUMBER: 000
REPORT PERIOD: WINTER 2006

PLEASE RETURN TO OPAFS BY : JUN 29, 2006

SECTION I. PAYROLL DISTRIBUTION

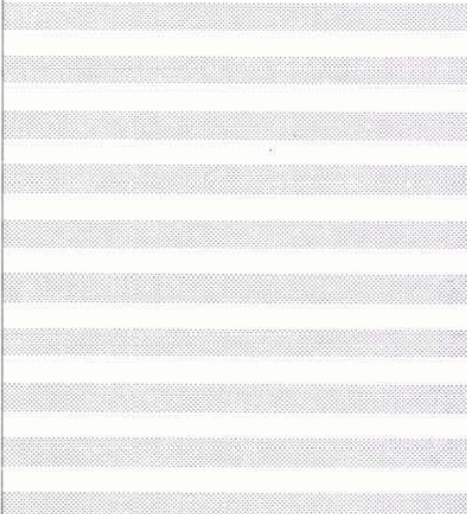
The index-fund numbers and percentages preprinted below are based on University payroll records. If the index-fund numbers or payroll percentages are incorrect or incomplete, please make the corrections, additions or deletions in this section. Make sure to add index-fund numbers for projects with cost sharing and enter the cost sharing effort in Section II.

[illegible]

SECTION II. EFFORT DISTRIBUTION

Must be completed by employee or responsible official to reflect the actual effort expended for each project (index-fund) listed in Section I for the report period.

EFFORT PERCENT



Total 100%

SECTION III. NOTES / EXPLANATIONS

If corrections are made in Section I above, provide an explanation for the correction(s) and initial below.

Initial _____

Date _____

SECTION IV. CERTIFICATION (REQUIRED)

Please certify by signing that all information reported above is correct. If one person is certifying effort charged to more than one department, indicate this next to the signature.

CONFIRMATION BY ☐ Employee ☐ Responsible Official

I certify that this report represents a reasonable estimate of the actual effort expended on each sponsored project and each funding source as listed above for the period reported.

Signature _____

Title

Date _____

RETN: Department - 5 years subject to contract and grant requirements
Accounting - 5 years

ORIGINAL RETAINED BY DEPARTMENT
MAIL PHOTOCOPY TO EMF AT 0954

ORIGINAL RETAINED BY DEPARTMENT
MAIL PHOTOCOPY TO EMF AT 0954