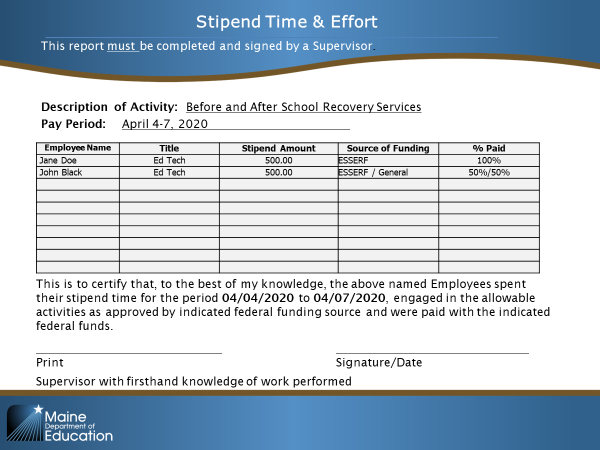
Modified Stipend Time & Effort Certifications are only for the use of employees receiving a stipend to provide services above and beyond their institutional base salary (IBS) due to COVID-19 (2 CFR 200.430(i)(iii)). An employee’s IBS should never be included on a modified stipend certification.



* Affirmation Statement
* Signed by Supervisor with firsthand knowledge
* Employee Name
* Job Title
* Stipend Amount
* Source of Funding
* % by Funding Source
* Description of Activity
* Certification Period

\*\*All employees that are paid a stipend must certify their time and effort\*\*

Stipend Time & Effort

COVID-19

This report must be completed and signed by a supervisor. This modified Stipend Time & Effort Certification is only for the use of employees receiving a stipend to provide services above and beyond their institutional base salary due to COVID-19.

**Description of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pay Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Title** | **Stipend Amount** | **Source of Funding** | **% Paid** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This is to certify that, to the best of my knowledge, the above-named employee(s) spent 100% of their stipend time for the period

to , 20 engaged in allowable activities as approved by the indicated federal funding source and were paid with the indicated federal funds.

Print Signature/Date

Supervisor with firsthand knowledge of work performed