Effort Reporting System (ERS)
Other Designated Certifier Access Request

Principal Investigators, Project Directors and other certifiers should use this form when requesting special permission to certify effort reports in ERS. Employees automatically have permission to access their own reports and Principal Investigators can access the reports of anyone working on their projects. Removal of permissions can be requested via email at cgahelp@berkeley.edu.

Completed forms can be scanned and emailed to CGA Help at cgahelp@berkeley.edu, faxed to (510) 643-8997.

A. Department/BRS Administrator completing this form

First Name _____   Last Name_____

Phone Number _____   Email Address _____

BRS Team/Department _____

B. Certifier Access Requested

1. Select one or more data request types:

( ) By Fund-Org-Flex(s) _____

( ) By Employee ID(s) _____

( ) By L5 or Org Code(s) _____

2. Select the reason for this request (how the other designated certifier (ODC) applicant has knowledge of the effort performed):

( ) ODC applicant is the Co-PI on the Notice of Award for the above Fund(s)
( ) ODC applicant has his/her own project with the associated CF2 in BFS for the above Fund(s)
( ) ODC applicant directly supervises the employee(s) with effort on the above Fund(s)
( ) Other (briefly explain the reason in the below box)

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[                                                                            ]
[                                                                            ]
[                                                                            ]
[                                                                            ]
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C. Designating (original) Principal Investigator

First Name _____   Last Name _____

Employee ID _____

By signing this form, I accept responsibility for designating permission as indicated in Section B to the individual identified in Section D and acknowledge that I am responsible for ensuring that such access is not misused. I also understand that it is my responsibility to take appropriate action to remove this access if it is no longer necessary to delegate this permission.

Signature _____   Date _____
(If the designating Principal Investigator is not available to sign this form for whatever reason, the Dean or Chair of the department must sign in his or her absence.)

Updated September 2024

D. Designated Certifier

NOTE: Certification may only be assigned to someone who has first-hand knowledge of the work performed for the benefitting project. A certifier must directly supervise the research work performed on a daily basis.

First Name _____   Last Name _____

Employee ID _____   Job Title _____

By signing this form, I affirm that I understand the campus procedures pertaining to the proper use of the Effort Reporting System and any associated payroll data. Misuse or abuse of system access privileges is a serious matter that may constitute a violation of federal and/or state criminal statutes as well as UC Berkeley and UCOP policies. I understand the risk associated with misuse of access and agree to certify only those permissions granted to me with this document. Additionally, I acknowledge that I am not authorized to share this access with anyone nor disclose any personal or confidential information obtained through this access.

Signature _____ Date _____

E. Department Manager Approval (Assistant Dean or CAO approval is required)

First Name _____   Last Name _____

Email Address _____   Job Title _____

Signature _____ Date _____

CGA USE ONLY

Compliance Unit Notes or Comments

Compliance Manager Signature _____   Date _____

Date Processed in ERS _____   Processed by _____

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