

**Humboldt State University
Sponsored Programs Foundation**

Level of Effort Certification

Please submit this form and an HSUF check request with:
PAYROLL, AWARDS, HONORARIA, STIPENDS AND
STUDENT SCHOLARSHIPS

Name: _____

Address: _____

City, Zip Code: _____

Social Security Number: ____ - ____ - ____

Period Worked/Studied: _____
(Payroll/Stipends Only)

Project Name: _____

Amount: \$ _____

Are you currently enrolled as an HSU Student? _____

CHECK ONE:

I certify that I studied/worked _____% during the
above stated period (Payroll/Stipends Only)

I certify that I received _____
(Award, Honorarium, Scholarship)

Signature _____

Date: _____

I certify that I have verified the above stated information.

Signature _____
(Project Director)

Date: _____

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