

**Effort Reporting  
Minimum / Maximum Waiver**



Period of Performance Date:	<input type="checkbox"/> January – June	Year
	<input type="checkbox"/> July - December	
Name:		
EMPLID #:		
Title:		
Department ID#:	Phone:	
Address:		

I have reviewed and understood the UTHSC-Houston Hoop Policy 93 “Certifying Effort Reports”

Type of Request:       Minimum Waiver  
                                  Maximum Waiver

Reason for Waiver Request:
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\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date