

**UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER
PERSONNEL EFFORT REPORT
Reporting Period: Oct - Dec 2003**

Demographic Information: Correct errors in this box on-line in PeopleSoft HR. G&C is unable to make corrections except for an alternate Campus Box for PERs delivery only.

Name: Wizard, Henry Q.
Title: Chair

Employee ID: 100001 **Box Number:** B182 HSC
Dept: 20244--SOM--NEUR General Operations

I. Payroll Distribution

| <u>Fund</u> | <u>Org</u> | <u>Program</u> | <u>Project</u> | <u>Percent</u> |
|-------------|------------|----------------|----------------|----------------|
| 10 | 20244 | 18945 | | 60% |
| 30 | 20245 | | 2532694 | 12% |
| 30 | 20245 | | 2532751 | 3% |
| 30 | 20245 | | 2532850 | 3% |
| 34 | | 19532 | | 11% |
| 80 | 20244 | 18946 | | 11% |

II. Cost Share Requirements: 2-5-32694 8%

III. Report Your Actual Distribution of Effort:

A. Sponsored Projects:

Please note: If the employee is paid from NIH projects and his/her salary exceeds the NIH salary cap, the employee will need to apply effort at a proportionately higher percentage rate than the compensated percentage of NIH salary distribution in Item I above and report that proportionately higher percentage rate of effort in this section.

| Project Number | Project Description | Percent |
|-----------------------|----------------------------|----------------|
| 2532694 | NIH Aging | 20% |
| 2532751 | ACS Inst Irg57 001 4 | 3% |
| 2532850 | NIH E Neurobiology | 3% |
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B. All Other Institutional Activities 74%

IV. Confirm that your effort compensated by the CU Health Sciences Center totals 100%: 100%
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V. Certify this report:

Certification by employee

I certify that the above estimate of effort is reasonable and covers all work performed by me during the stated period.

Or Certification by responsible official

I certify that I have first hand knowledge of work performed by this employee and above is a reasonable estimate of effort expended during the stated period.

Signature

Date

Signature

Date