

Effort Change Request Form

Employee Name:			
Employee Department:			
Date of Request:			
Period Affected By Requested Change:	Start:	End:	

Type of Change Requested: Addition of New Activity Modification of Existing Activity Termination of Existing Activity
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Activity	Description/Title	Principal Investigator	Subaccount	Original Effort (%)	New Requested Effort (%)
Total Combined Effort*:					

Reason for change request:	
Signature of Employee	Date
Signature of Principal Investigator or Project Manager	Date

**Total Combined Effort is the combined effort for activities with requested changes and WMed Institutional Duties. This should remain constant. You may need to adjust the effort allocated to WMed Institutional Duties accordingly.*