

**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: |
|----------------------------|

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date