

**Internal Medicine
Effort Certification**

Selection Criteria: Faculty, ID#='218-40-7977', Emp. Status=Active, Include 1 Time Pay=No,

Period : 07/01/05 - 06/30/06

Employee	Salary Dist.		Account	CostCtr	Object Code	Account Name	Funding Agency #	% of Salary	% of Effort
	Start	End							
Racheal Washington									
	7/1/05	12/31/05	0-75272	NONE	1000	Southeast Regional Faculty Sharing Con		4.59	4.59
	7/1/05	1/31/06	5-37081	NONE	1000	Spinal Cord Trama Study	AL99801	2.37	2.37
	7/1/05		5-12345	NONE	1000	Analysis of Response of Cachexia to Ra	C78946561	4.59	4.59
	7/1/05		5-30836	NONE	1000	Flow Cytometry Core Support	1-RO1-CA81503-03	11.83	11.83
	7/1/05		5-31376	NONE	1000	SPORE in Breast Cancer, Core 5 Admi	5-P50-CA58223-09	23.67	23.67
	7/1/05		4-00901	NONE	1000	State - Overhead		37.11	37.10
	7/1/05		5-32323	NONE	1000	Computer Equipment Study	IS4405892-3	14.93	14.93
	7/1/05	1/31/06	5-56722	NONE	1000	Clinical and Genetic Studies of Breast C	RW33890-01	0.92	0.92
	1/1/06		4-00900	NONE	1000	State Funds		4.59	4.59
	2/1/06		5-56722	NONE	1000	Clinical and Genetic Studies of Breast C	RW33890-01	1.92	1.92
	2/1/06		5-37081	NONE	1000	Spinal Cord Trama Study	AL99801	1.37	1.37
								107.87	107.88

I certify that I have reasonable knowledge of the activities performed by the above listed employees, and that the distribution of activity shown represents a reasonable estimate of the actual work performed for the time listed, with these exceptions:

X