

**Internal Medicine
Effort Certification**

Selection Criteria: Faculty, ID#='72187977', Emp. Status=Active, Include 1 Time Pay=No,

Period: 07/01/10 - 09/30/10

Employee	Salary Dist.		Account	CostCtr	Object		Funding Agency #	% of Salary	% of Effort
	Start	End			Code	Account Name			
Racheal Washington	7/1/10	12/31/10	0-75272	NONE	1000	Southeast Regional Faculty Sharing Contract		4.59	4.59
	7/1/10	1/31/11	5-37081	NONE	1000	Spinal Cord Trama Study	AL99801	2.37	2.37
	7/1/10		5-12345	NONE	1000	Analysis of Response of Cachexia to Radioactive Drugs	C78946561	4.59	4.59
	7/1/10		5-30836	NONE	1000	Flow Cytometry Core Support	1-RO1-CA81503-03	11.83	11.83
	7/1/10		5-31376	NONE	1000	SPORE in Breast Cancer, Core 5 Administrative Core		23.67	23.67
	7/1/10		4-00901	NONE	1000	State - Overhead		37.11	37.10
	7/1/10		5-32323	NONE	1000	Computer Equipment Study	IS4405892-3	14.93	14.93
	7/1/10	1/31/11	5-56722	NONE	1000	Clinical and Genetic Studies of Breast Cancer	RW33890-01	0.92	0.92
								100.00	100.00

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