## Personal Services Reporting Under the Plan-Confirmation System

Date:

ACKNOWLEDGEMENT FORM

	Plan-Confirmation Booklet, have read it, and have a nding of my responsibilities for personal services reporting affirmation System.
OR	
I would like to attend a presentation of the Plan-Confirmation Booklet in order that I may gain a more complete understanding of my responsibilities for personal services reporting under the Plan Confirmation System.	
Employee's Name:	Please Print or Type
Employee Identification # Or GTID #	
School/Department:	Please Print or Type
Employee's Signature:	

RETURN TO GRANTS AND CONTRACTS ACCOUNTING OFFICE, MAIL CODE 0259, WITHIN THIRTY (30) DAYS AFTER RECEIPT OF YOUR PLAN CONFIRMATION SYSTEM BOOKLET