

Exhibit B

CCN (if assigned):		
CC Name (if assigned):		
Department/Unit:		
Principal Investigator:		
Project Sponsor:		
Project Title:		_____

Administrative/Clerical Personnel Involved: (One person/position and one cost center per form)

1.	Name:	
2.	Title:	
3.	Specific Responsibilities/Tasks to be performed by this individual	
	a.	_____
	b.	_____
	c.	_____
	d.	_____
4.	Why is the performance of these responsibilities/tasks unique to this project?	

Investigator Signature: _____ Date: _____

APPROVED BY RSSP:

Signature: _____ Date: _____