

# Tri-Agency Compensation Attestation Statement

## Purpose

This form is used to confirm that an individual being compensated from Tri-Agency funds is eligible to receive remuneration in accordance with Tri-Agency requirements.

This form must be completed at the time of hire, where required.

## 1. Individual Information

|                  |  |
|------------------|--|
| Name:            |  |
| Position/Role:   |  |
| Department/Unit: |  |

## 2. Compensation Details

|                              |                                 |                                  |                                 |
|------------------------------|---------------------------------|----------------------------------|---------------------------------|
| Type of Compensation:        | <input type="checkbox"/> Salary | <input type="checkbox"/> Stipend | <input type="checkbox"/> Other: |
| Amount:                      |                                 |                                  |                                 |
| Duration (Start – End Date): |                                 |                                  |                                 |

## 3. Funding Information

|                   |  |
|-------------------|--|
| Tri-Agency Award: |  |
| BU Account No:    |  |
| Grant Holder:     |  |

## 4. Attestation

I confirm that:

- The individual named above is being compensated for their contribution to the research project
- The compensation is appropriate and consistent with the approved research activities
- The individual is **not eligible to apply for a Tri-Agency grant as a principal applicant**
- The information provided is accurate and complete

## 5. Authorization

|               |  |       |  |
|---------------|--|-------|--|
| Grant Holder: |  |       |  |
| Signature:    |  | Date: |  |