

# 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 of Individual:**
- **Position / Role:**
- **Department / Unit:**

## 2. Compensation Details

- **Type of Compensation:**  Salary  Stipend  Other: \_\_\_\_\_
- **Amount:**
- **Duration (Start – End Date):**

## 3. Funding Information

- **Tri-Agency Award:**
- **BU Account Number:**
- **Grant Holder (Principal Investigator):**

## 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 (Principal Investigator)**

Name:

Signature:

Date:

## **6. Institutional Review (if required)**

### **Financial & Registration Services**

Name:

Signature:

Date: