College and government policies require the accurate and timely reporting of the effort of all faculty members or staff employees paid from and/or contributing effort to federally-funded and State-funded projects. To comply with grant requirements, **please complete and return this form to the Grant Accounting Specialist, Jim Holyfield.**

|  |  |  |
| --- | --- | --- |
| **Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**For the period from: to**

**Form to be completed (as determined by grant requirements):** Bi-Weekly Monthly Semi-Annually

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | **Function Performed** | **% FTE** | **# Hours**  **Worked** | **% Time**  **& Effort** |
| **Grant Funded Activities** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Non-Grant Related Activities** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTALS** | |  |  | **100%** |

*I certify that the distribution of activities, expressed in actual percentage of total effort, represents a reasonable estimate of all work performed by me during the time period.*

|  |  |
| --- | --- |
| **Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*I certify that I have firsthand knowledge of all the work performed by the above employee and that the above time distribution represents a reasonable estimate of the work performed during the indicated time period.*

|  |  |
| --- | --- |
| **Project Director/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Note:** The workload cost distribution will be changed to reflect the actual percentage of total effort as certified above.