

## TIME AND EFFORT REPORT

### SECTION A. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Reporting Mo/Yr: \_\_\_\_\_

Department: Student Support for Program Success

### SECTION B. TIME & EFFORT REPORTING

Record the actual percentage of your total effort expended to each obligation listed.

#### SPONSORED PROJECT EFFORT DETAIL

(Identify the sponsored project(s) and include a brief detail of obligations performed.)

|    |       | FUNDING SOURCE ACCT # | % of EFFORT |
|----|-------|-----------------------|-------------|
| 1) | _____ | _____                 | _____       |
| 2) | _____ | _____                 | _____       |
| 3) | _____ | _____                 | _____       |
| 4) | _____ | _____                 | _____       |
| 5) | _____ | _____                 | _____       |
| 6) | _____ | _____                 | _____       |

Total Distribution: %

#### NON-SPONSORED EFFORT SUMMARY

(Provide a summary of University obligations not sponsored by a grant/sponsored project.)

|    |       | FUNDING SOURCE ACCT # | % of EFFORT |
|----|-------|-----------------------|-------------|
| 1) | _____ | _____                 | %           |
| 2) | _____ | _____                 | _____       |
| 3) | _____ | _____                 | _____       |

Total Distribution: %

Total Efforts (must equal 100%) %

Number of vacation hours taken during reporting period: \_\_\_\_\_

### SECTION C. SIGNATURES

\*Employee: \_\_\_\_\_

Date: \_\_\_\_\_

\*I certify that the distributions of effort reflected on this report represent a reasonable estimate of the actual work performed during the period covered by this report.

\*\*Certifying Official: \_\_\_\_\_

Date: \_\_\_\_\_

(Project Director/Supervisor/Dean)

\*\*I certify that I have first-hand knowledge of the activities performed by the employee identified above and that the distribution of effort shown represents a reasonable estimate of the actual work performed during the period covered by this report.