ASTERN CONNECTICUT STATE UNIVERSITY

Return completed report to: Grant Accountant Gelsi-Young Hall, Room 344D 83 Windham St. Willimantic, CT 06226

In order to comply with the university and government's requirements for "time and effort reporting," this form must be completed at the end of each pay period for hourly employees and at the end of each semester for faculty working on a Grant Sponsored Project.

Name:		 	
Dept:		 	
Position:	_		

Hourly Employees Please check appropriate box for the period

06/08/18-06/21/18	
06/22/18-07/05/18	
07/06/18-07/19/18	
07/20/18-08/02/18	
08/03/18-08/16/18	
08/17/18-08/30/18	
08/31/18-09/13/18	
09/14/18-09/27/18	
09/28/18-10/11/18	

A	
10/12/18-10/25/18	
10/26/18-11/08/18	
11/09/18-11/22/18	
11/23/18-12/06/18	
12/07/18-12/20/18	
12/21/18-01/03/19	
01/04/19-01/17/19	
01/18/19-01/31/19	
02/01/19-02/14/19	

02/15/19-02/28/19
03/01/19-03/14/19
03/15/19-03/28/19
03/29/19-04/11/19
04/12/19-04/25/19
04/26/19-05/09/19
05/10/19-05/23/19
05/24/19-06/06/19

Faculty Please "X" Semester and fill in Fiscal Year

Fall	FY 2018
Wintersession	FY 2018
Spring	FY 2019
Summer	FY 2019

Banner Index	Grant Title and/or Department	Percentage of Effort**
		1000/

Total Effort = 100%

*Effort devoted to more than one project must be broken out by individual project. **Percentages should add up to 100%.

I certify that the information provided above is correct and salary and wages charged to externally funded activities and other categories listed above are reasonable in relation to the work performed.

 Employee Signature
 Date

(Confirming Signature)*_____ Date_____ *NOTE: If the employee named above is also the Project Director, then please ask the Department Chair to sign as the person confirming the employee's time spent on the project. The Project Director may sign for all other salaried employees working on the project.