

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

<input type="checkbox"/>	06/07/19-06/20/19	<input type="checkbox"/>	10/11/19-10/24/19	<input type="checkbox"/>	02/14/20-02/27/20
<input type="checkbox"/>	06/21/19-07/04/19	<input type="checkbox"/>	10/25/19-11/07/19	<input type="checkbox"/>	02/28/20-03/12/20
<input type="checkbox"/>	07/05/19-07/18/19	<input type="checkbox"/>	11/08/19-11/21/19	<input type="checkbox"/>	03/13/20-03/26/20
<input type="checkbox"/>	07/19/19-08/01/19	<input type="checkbox"/>	11/22/19-12/05/19	<input type="checkbox"/>	03/27/20-04/09/20
<input type="checkbox"/>	08/02/19-08/15/19	<input type="checkbox"/>	12/06/19-12/19/19	<input type="checkbox"/>	04/10/20-04/23/20
<input type="checkbox"/>	08/16/19-08/29/19	<input type="checkbox"/>	12/20/19-01/02/20	<input type="checkbox"/>	04/24/20-05/07/20
<input type="checkbox"/>	08/30/19-09/12/19	<input type="checkbox"/>	01/03/20-01/16/20	<input type="checkbox"/>	05/08/20-05/21/20
<input type="checkbox"/>	09/13/19-09/26/19	<input type="checkbox"/>	01/17/20-01/30/20	<input type="checkbox"/>	05/22/20-06/04/20
<input type="checkbox"/>	09/27/19-10/10/19	<input type="checkbox"/>	01/31/20-02/13/20		

Faculty Please "X" Semester and fill in Fiscal Year

<input type="checkbox"/>	Fall	FY 2019
<input type="checkbox"/>	Wintersession	FY 2019
<input type="checkbox"/>	Spring	FY 2020
<input type="checkbox"/>	Summer	FY 2020

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Grant Title and/or Department

Percentage of Effort**

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.