

Time and Effort Certification

Employee Name: _____

Position/Title: _____

Reporting Period: _____

Department: _____

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

Sponsored Project Effort Detail:

(Identify the sponsored project(s))

Grant Number

% of Effort

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Total Distribution: _____

Non-Sponsored Effort Summary

(Identify a summary of University obligations not sponsored by a grant)

Funding Source

% of Effort

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Total Distribution: _____

Total Efforts (must equal 100%) _____

Number of Vacation Hours taken during reporting period: _____

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: _____

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.