TIME & EFFORT PERSONNEL ACTIVITY REPORT

For the Time Period		through	
In order to comply with the requirements externally funded activity must complete by the faculty or professional staff person	this form. This fo	rm is designed to document the	percentage of time spent
NAME:			
DEPARTMENT:			
Activity	Account No.		ual Time/ <u>fort Pct.</u>
Instructional Activities		-	
Administrative Activities			
Externally Funded Activities		_	
		_	
		_	
		_	
		TOTAL	100%
		(Total percentage of time for all	activities must equal 100%)
I certify that the above percentages in the actual time/effort percent column represent a reasonable approximation of my activity for this period.		I hereby certify that the actual time/effort percentage reflects the distribution of activity for the individual for this period.	
Employee's Signature	Date	PI's Signature	Date
		Additional Confirming (If needed)	Signature Date

NOTE: If the employee identified above is also the Principal Investigator, then the employee's immediate supervisor must sign confirming the employee's percentage of time spent on the activities identified above. If the employee is working on more than one externally funded activity, additional signatures may be needed.

The completed form should be returned to Restricted Funds Accounting, Controller's Office, 103 Swords Hall.