## CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION TIME REPORTING FORM See reverse side for instructions – Use blue or black ball point pen (no pencil/no red ink)



		Date	Director's or Authorized Administrator's Name (Please Print)  Project Director's or Authorized  Project Director's OF Administrator's Name (Please Print)	or's Na	ed	Admir	or Au	Director's or Authorized Administrator  Project Director's or Authorized  Administrator's Cinnature (Declined)	ct Dire	Proje		7	1-1	B 7	. C	3		gnatur	or's Si	Kateuria Aprilia 4-27-18 Supervisor's Signature Date		4/25/18 Date	4/2 Date	Signature (Required)	mST/ es Signatu	Am
ō	I certify that the information stated above is correct and I approve the cost to the project(s) indicated.	prove th	and I ap	correct	ove is	ated ab	tion sta	informa I.	t the i	tify tha	I cer proje	under during bution	formed ployee e distri	was per this em the abov	ence of ar with t	he abse	I certify prove to sport an	n this re	loyees	Non-Exempt employees - I certify that the work was performed under my supervision.  Exempt employees - I approve the absence of this employee during the hours recorded on this report and concur with the above distribution of effort.		CSULB and its reflect my time ition of my wo	have not worked more than twenty (20) hours per week in total for CSULB and its auxiliary employers including the CSULB Research Foundation.  Exempt Staff – I certify that the hours indicated above accurately reflect my time away from work and that the effort distribution is a reasonable representation of my work effort during this pay period.	ity (20) hours pe CSULB Research e hours indicated tribution is a rea	or more than twee yers including the yers including the . I certify that the . I certify that the period.	auxiliary employ auxiliary employ Exempt Staff - from work and t during this pay
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