Form 125A

University of Puerto Rico Unit: RIO PIEDRAS



Time and Effort Report for Establishing Payroll Distribution

			Social Security				
Department/Faculty CIENCIAS NATURALES CIENCIAS DE CÓMPUTOS			Position: DOCENTE				
Faculty () Professional () Non-Professional ()			Base Salary \$	Base Salary \$			
EFFORT REPORT		Spring Summer	r Year	Year			
Effective Date of Pa Multi-campus and/or If the answer is "Yes" the for	yroll Distribution: r Projects funded by orm will require the signatur	campuses other than the	e home campus of the profes Directors. See section below.	ssor Yes No _			
SPONSORED ACCOUNTS			NTS		VEL OF FFORT %	AMOUNT TO BE CHARGED TO ACCOUNT	
CAMPUS OF THE ACCOUNT	ACCOU	INT NUMBERS	COST CATEGORY FUNCTION AND PRO		/0 <u> </u>	TO ACCOUNT	
		COST SHARING					
		· · · · · · · · · · · · · · · · · · ·					
CAMPUS OF		UNIVERSITY FUNDS	COST CATEGORY FUNCTION AND PRO				
		TOTAL COMPENSATION					
PAYMENTS Account Numbers		TS PAID FOR OTHER V	O FOR OTHER WORK NOT INCLUDED IN THE BASE SALARY Type of work performed			I	
Account	Numbers		Type of work performe	ed		AMT. Paid	
Account	Numbers		Type of work performe	ed		AMT. Paid	
Account	Numbers		1	ed		AMT. Paid	
Account	Numbers		Type of work performe COMMENTS	ed		AMT. Paid	
Account	Numbers		1	ed		AMT. Paid	
Account	Numbers		1	ed		AMT. Paid	
Account	Numbers		COMMENTS	ed		AMT. Paid	
Employee's signa		Date	COMMENTS	Date		AMT. Paid	
			COMMENTS			AMT. Paid	
	ature [Date	APPROVAL Project Director(s) of the home campus of	Date		AMT. Paid	
Employee's signa	nt Approver [Date	COMMENTS APPROVAL Project Director(s) of the home campus of the faculty member	Date Date Date		AMT. Paid	
Employee's signated Home Department	nt Approver C	Date	APPROVAL Project Director(s) of the home campus of	Date Date Date		AMT. Paid	
Employee's signa	nt Approver C	Date	COMMENTS APPROVAL Project Director(s) of the home campus of the faculty member	Date Date Date		AMT. Paid	
Employee's signated Home Department	nt Approver C	Date Date PPROVAL FROM SUPF	Project Director(s) of the home campus of the faculty member RA-CAMPUS PROJECTS Di	Date Date Date		AMT. Paid	
Employee's signated Home Department	nt Approver C	Date	Project Director(s) of the home campus of the faculty member RA-CAMPUS PROJECTS D	Date Date Date Date		AMT. Paid	
Employee's signated Home Department	nt Approver C	Date Date Date Campus of Project Dire	Project Director(s) of the home campus of the faculty member RA-CAMPUS PROJECTS D Supra-Campus ector Project Director(s)	Date Date Date Date			