

Form 125A
University of Puerto Rico
Unit: RIO PIEDRAS



Time and Effort Report for Establishing Payroll Distribution

Employee Name Christian Rodriguez	Social Security 801116705
Department/Faculty CIENCIAS NATURALES CIENCIAS DE CÓMPUTOS	Position: DOCENTE
Faculty () Professional () Non-Professional (X)	Base Salary \$ 100000.0
EFFORT REPORT PERIOD: Fall <u>X</u> Spring Summer Year <u>2012</u>	
Effective Date of Payroll Distribution: <u>2013-04-25</u>	
Multi-campus and/or Projects funded by campuses other than the home campus of the professor Yes <u>X</u> No	
<small>If the answer is "Yes" the form will require the signature of the supra-campus projects Directors. See section below.</small>	

SPONSORED ACCOUNTS			LEVEL OF EFFORT %	AMOUNT TO BE CHARGED TO ACCOUNT
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
COST SHARING				
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
UNIVERSITY FUNDS				
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
'Rio Piedras'	'520-234-234'	'Yo no se lo que va aqui'	'100'	'1000'
TOTAL COMPENSATION				

PAYMENTS PAID FOR OTHER WORK NOT INCLUDED IN THE BASE SALARY		
Account Numbers	Type of work performed	AMT. Paid
'809-534-232'	'Darle duro a las clases y sacar A'	'100
'000'	'809-534-232'	'Darle duro a las clases y sacar A'

COMMENTS

Yamil dale duro a esta mierda pa poder salir ya de esta clase

APPROVAL

Employee's signature _____	Date _____	_____	Date _____
		_____	Date _____
Home Department Approver _____	Date _____	Project Director(s) of the home campus of the faculty member	Date _____

APPROVAL FROM SUPRA-CAMPUS PROJECTS DIRECTORS

Employee's signature _____	Date _____	_____	_____
		_____	_____
		Campus of Project Director	Supra-Campus Project Director(s) from which the faculty receives compensation
			Date _____

FINANCE OFFICE USE ONLY

Revised by: _____ Date: _____