

**TIME AND EFFORT FORM FOR FACULTY AND ADMINISTRATORS**

**PROJECT TITLE:**

**Name:**

**Project Role:**

**Faculty Title and Unit:**

**Pay Period:**

**Time Charged to Grant:**

**Account Number:**

I certify this report accurately documents my activity for the reporting period indicated above:

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the time allocated and reasonableness of the work performed:

Responsible Official Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities included (project related meetings, communication, outreach, writing, research, etc.):**