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Time – Effort Report for Hourly Employees

Employee Na	ame:			
Activity Title	e:			
Period of Tin (Not to excee	me for This Reported one month)	<u>; </u>		
Date	No of Hours	Nature of work Performed		
		Total Hours for Grant / Project		
Total Hrs		Total Hours For other Work Performed		
Worked				
		Description of Other Work:		
I confirm the	at the above	I confirm that I have first-ha	nd	
I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during this period.		knowledge of all work performed by this employee and that the distribution of activity represents a reasonable estimate of work performed during the stated period.		
Employee's S	Signature Date	Principal Investigator's Signature Dat	e	
		Title		

This report should be completed and returned to the Grants & Fixed Asset Accountant, LAC #70 by the 5^{th} of each month.