

Grant/Project \_\_\_\_\_

Marywood University

Time/Effort Report for Supported Personnel

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Activity \_\_\_\_\_ Month of \_\_\_\_\_

Grant / Project Work Performed

% of Effort

Other work Performed

% of Effort

I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during this period.

I confirm that I have first-hand 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 Signature

\_\_\_\_\_  
Administrator's Signature

Date \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

This report should be completed and returned to the Office of Research and Sponsored Programs, Keith J. O'Neil Building Room 208 by the 5<sup>th</sup> of each month.