

Marywood University

Grant/Project _____

Time – Effort Report for Hourly Employees

Employee Name: _____

Activity Title: _____

Period of Time for This Report: _____

(Not to exceed one month)

Date	No of Hours	Nature of work Performed
		Total Hours for Grant /Project
		Total Hours For other Work Performed
Total Hrs Worked		
Description of Other Work:		

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

Date

Administrator’s Signature

Date

Title

This report should be completed and returned to the Accounting Manager’s Office, LAC #71 by the 5th of each month.

