

Time & Effort Certification

Employee Name: _____

Institution: _____

Position: _____

Type of Report:

100% Federal Perkins Funds – Complete semi-annually

Time period from _____ to _____

Stipend/Supplemental Contract – Submit this form monthly **only** for the months in which you receive federal funds.

Time period from _____ to _____

Multiple Funding Sources – Complete the table below (required). Submit this form monthly.

Time period from _____ to _____

Percent of Time	Funding Stream	Activities
%	Perkins Federal Funds	
%	Other	
100%	TOTAL	

I certify that this report represents a true record of effort expended for this time period according to the funding stream indicated above.

Signature of Employee: _____

Date: _____ (must be signed **after** the period reported in this form)

Signature of Supervisor: _____

Printed Name of Supervisor: _____

Date: _____ (must be signed **after** the Employee Signature date)