

PERSONNEL ACTIVITY REPORT - FACULTY

NAME:

DEPARTMENT:

PERIOD COVERED:

	Unit Rate	Project #	Units	Overload	Total	Effort %
Cost Share						
Grant						
Other Activities						
	Instruction					
	S FACTOR					
	SETUS					
	Other					
		Total				
					Total %	100.00%

Certification by Employee

I certify that, to the best of my knowledge, the above distribution of effort represents a reasonable estimate of all the work performed by me during the period covered by this report.

Signature

Date

I certify that I have first hand knowledge of all work performed by this employee and that the distribution of effort represents a reasonable estimate of work performed during the period covered by this report.

Supervisor Signature

Date

Notes: (1) Certification and signature of employee covered by effort reporting is required. As well as certification and signature of employee's supervisor.

(2) All reports must total 100% and be submitted to UAS Grants & Contracts within 30 days after period (academic year) being reported.

(3) All reports must include supporting payroll (payroll and accounting transaction reports) documentation.