

Hektoen Institute For Medical Research, LLC

Time and Effort Report

Employees and Consultants

Name:
Position Title:
Grant Period:
Service Period

Directions: Please indicate below the areas in which work was performed this grant period by listing the percentage of time spent on each. If work effort is used as cost-share, list "in-kind" under the Fund/ Grant #.

Sponsored Projects Grant Title	Base Salary or Consulting Fee	Effort Percentage	Effort Amount
		%	
		%	
		%	
		%	
Total Sponsored Projects <i>requiring certification</i>			

* Of grant work for this period. The dates of grant work should correspond to the dates of the grant period.

Non-Sponsored Activities	Base Salary or Consulting Fee	Effort Percentage	Effort Amount
		%	
		%	
		%	
		%	
Total Non-sponsored Activities <i>not requiring certification</i>			
TOTAL EFFORT			

Must total 100%

Certification:

I certify that to the best of my knowledge, the above is a true statement of the time and effort given to each category.

Signature of Employee _____ Date: _____
Or Consultant: _____

Signature of Chair or _____ Date: _____
Supervisor: _____