Effort Report Form

All employees who serve as investigators on grants/sponsored projects are responsible for reporting the amount of their effort spent on grant and sponsored project activities.

|  |  |
| --- | --- |
| **NAME:** |  |
| **POSITION/TITLE:** |  |
| **DEPARTMENT:** |  |
| **REPORTING PERIOD:** |  |

Provide a breakdown of your responsibilities for the time period. The total must equal 100%unless a person has overloads. If a person has one overload for a semester, the total must equal 125%**;** if a person has two overloads for a semester, the total must equal 150**%.** Please use additional sheets as necessary (for example, one sheet for each semester).

Grant-Related Activities (Identify the sponsored projects and include a brief detail of obligations performed.)

|  |  |  |  |
| --- | --- | --- | --- |
| **GRANT ACCOUNT/FUND #** | **AMOUNT CHARGED** | **PROJECT EFFORT DETAIL** | **% OF EFFORT** |
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Non-Grant Related Activities (Summarize University obligations not sponsored by the grant.)

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| --- | --- | --- | --- |
|  **ACCOUNT/FUND #** | **AMOUNT CHARGED** | **PROJECT EFFORT DETAIL** | **% OF EFFORT** |
|  |  |  |  |
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***Total effort must equal 100%.***

***I certify that the information provided is correct.***

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signed forms must be returned to the Director of Faculty Research and Sponsored Programs by September 10.***