

Employee Name:

Time Period Covered:

Job Title:

Student ____ **Staff** ____ **Faculty** ____

Title III Grant (*select one*): *HBCU* *HBGI* *SAFRA/MFP*

Title III Activity No. and Name:

Title III Activity Director:

Percent of Salary Paid from: ____ % *Title III* ____ % *University* ____ % *Grant* _____
Name of Grant

Total Hours worked during Reporting Period:

Time sheets attached: *Yes* *No*

Major Title III Work Performed	Percentage of Time (%)
Other Work Performed outside of Title III duties	Percentage of Time (%)

*Add additional pages if needed

Period Total ____ %

I certify that the above information is correct.

Title III Employee's Signature Date

Supervisor's Signature Date

Activity Director's Signature Date

Title III Director's Signature Date

ATTENTION: This time and effort report must be completed, submitted and filed monthly in the Office of Title III Programs no later than the close of the 5th working day of each month following the covered time frame.