Employee Name:_____ **Time Period Covered:** _____

Job Title:_____ **Student** ☐ **Staff** ☐ **Faculty** ☐

Title III Grant (*Select One***):** *HBCU* ☐ *HBGI* ☐ *SAFRA/MFP* ☐

Title III Activity No.:_____ **Activity Name:**_____

Title III Activity Director:_____

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

Name of Grant

Time Away from Work	Percentage of Time (%)
Annual Leave	
Sick Leave	
Holiday	
Bereavement	
Jury Duty	
Other: ***(indicate reason in next box)***	

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

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**

*(Program Specialist Initials)*_____