

## FRAMINGHAM STATE UNIVERSITY

Time and Effort Reporting Form

In order to comply with federal guidelines, this form must be completed and returned to the Director of Grants and Sponsored Programs, every six months by every faculty member or professional staff member who is paid by an externally-funded grant. If you would like to substitute a spreadsheet documenting the percentage of your time which includes the Grant Funder, Program Title and Fund ID, you may do that as long as it includes the requisite signatures.

NAME:

Fund ID Number (GOXXXX):

Grant Funder and Program Title:

Grant Time Period reported: Jan. - June (year) \_\_\_\_\_ July - December (year) \_\_\_\_\_

- 1) Provide a percentage breakdown of your responsibilities for this grant year in the three categories. The total must equal 100%.

Grant Activities %

Administrative Activities %

All other FSU activities %

- 2) Externally-funded activities (percentages should reflect time paid by grant as well as unpaid time contributed to the project, i.e., in-kind) – for all of your grant activity.

Grant name: %

Grant name: %

Grant name: %

Total %

I certify that the information provided is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If the employee is also the Project Director/Principal Investigator, then please ask the Department Chair to sign as the confirming signature. The Project Director/Principal Investigator may sign for all other salaried employees working on the project.