Marywood University - Grant/Project _____

TIME-EFFORT REPORT FOR HOURLY EMPLOYEES

EMPLOYEE NAME: _____

ACTIVITY TITLE: _____

PERIOD OF TIME FOR THIS REPORT _____
(Not to exceed one month)

DATE	NO. HOURS	NATURE OF WORK PERFORMED
		TOTAL HOURS FOR GRANT/PROJECT
		TOTAL HOURS FOR OTHER WORK PERFORMED
Total Hours Worked		DESCRIPTION OF OTHER WORK:

I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during this period.

I confirm that I have first-hand knowledge of all work performed by this employee and that the distribution of activity represents a reasonable estimate of work performed during the stated period.

Employee's Signature _____ Date _____

Administrator's Signature _____ Date _____
Dean, SCE
Title

This report should be completed and returned to the Fiscal Affairs Office, LAC #85 by the 5th of each month.

(10/14/92)