Albany State University

OFFICE OF RESEARCH & SPONSORED PROGRAMS
MONTHLY TIME AND EFFORT REPORT

Month: _____

Employee: _____

RAM ID #: _____

Activity (Grant) _____

Account #: _____

Percent of time devoted to grant as stated in proposal _____ %

Major Work Performed: _____ (position)

Descriptive Task:

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

_____ _____

Employee Signature **Date**

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

_____ _____

Supervisors Signature **Date**

_____ _____

ORSP Signature **Date**