In order to comply with federal guidelines, this form must be completed and returned to the Academic Business Manager at the end of each semester and summer by every faculty member or professional staff working on an externally funded project.

Name:_____________________________ Department:______________________________

Semester reported: Fall 20___  Spring 20___  Summer 20___

Provide a breakdown of your responsibilities for this semester. **The total must equal 100%**

- Teaching and teaching-related activities _________ and/or
- Administrative activities _________ and/or
- Service activities _________ and/or
- Externally funded activities (percentages reflect time paid by grant as well as unpaid time contributed to the project, i.e., in-kind)
  - Account #_________ _________ and/or
  - Account#_________ _________ and/or
  - Account#_________ _________ and/or
  - TOTAL _________

Please send the completed form to Carol Young, DOF Office.

I certify that the information provided is correct.

_________________________________________________________  _______________________
Employee Signature  Date

_________________________________________________________  _______________________
Confirming Signature*  Date

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