

Administrative and Faculty TIME AND EFFORT REPORT

Employee Name _____ Grant No. _____

Term _____ Grant Name _____

Activity	Percent of Time Spent on Activity		
<i>Grant(s)</i>	Regular Contract	Overload/ Other	Converted % *
<i>NEIU courses taught</i>			
<i>Committee work</i>			
<i>Other</i>			
Total must equal	100%		100%

Faculty Member Signature

Date

Project Director Signature

Date

*** To be completed by Controller's Office**

This form complies with Federal Circular A-21:8 issued by the Department of Health and Human Services.