Time & Effort Certification

Employee Name: __________________________

Institution: ______________________________

Position: _______________________________

Type of Report:

☐ 100% Federal Perkins Funds – Complete semi-annually

Time period from _________________ to _________________________

☐ Stipend/Supplemental Contract – Submit this form monthly only for the months in which you receive federal funds.

Time period from _________________ to _________________________

☐ Multiple Funding Sources – Complete the table below (required). Submit this form monthly.

Time period from _________________ to _________________________

<table>
<thead>
<tr>
<th>Percent of Time</th>
<th>Funding Stream</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Perkins Federal Funds</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

I certify that this report represents a true record of effort expended for this time period according to the funding stream indicated above.

Signature of Employee: ________________________________________________

Date: _________________ (must be signed after the period reported in this form)

Signature of Supervisor: ________________________________________________

Printed Name of Supervisor: ________________________________________________

Date: _________________ (must be signed after the Employee Signature date)