

**Office of Sponsored Programs**

1570 Baltimore Pike

Lincoln University, PA 19352

**484-365-7234** phone

**484-365-7691** fax

**Salary Time and Effort Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Fall □ Spring □ Summer □ | Academic Year: |  |
|  |
| Title: |  | Student □ Staff □ Faculty □ |
|  |
| Grant Name: |  |
|  |
| PI Name: |  |
|  |  |
| Percent of Salary Paid From Grant: |  | % |  | % Other Grant |
|  |
| Name of Other Grant: |  |

|  |  |
| --- | --- |
|  **Major Grant Work Performed** | **Percentage of Time %** |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Period Total | % |

*I certify that the above information is correct*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | Date |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PI’s Signature: |  | Date |  | OSP Director’s Signature: | Date |

Attention: This time and effort report must be completed, submitted and filed in the Office of Sponsored Programs no later than the close of each semester following the covered time frame.