**Lincoln University**

**Title III Time and Effort Report**

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Distribution of Time & Effort**

% Title III: \_\_\_\_\_\_\_\_

% Institutional: \_\_\_\_\_\_\_\_

Total Distribution: \_\_\_\_\_\_\_\_

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Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date

I, the Supervisor certify that I have carefully reviewed this report and evaluated my employee’s time during this month. In my best judgements, this report as noted does properly reflect the distribution of his/her time for the prior and current months of Activity. I, the employee also certify that I have reviewed the above percentage of my time and effort which was devoted to the Institution and/or Title III Activity. Any false misrepresentations of this effort may subject person(s) to Federal Penalties. When no leave time is designated, the report form will represent an uninterrupted work month. All bi-weekly reports should reflect number of hours worked daily during the reporting period.

This report should be completed and submitted to the Title III Office by the **10th of each monthly employee and at the end of each pay period for bi-weekly employees.**