Marywood University **Grant/Project**_____

Time – Effort Report for Hourly Employees

Employee Name:_____

Activity Title: _____

Period of Time for This Report:_____
(Not to exceed one month)

Date	No of Hours	Nature of work Performed
		Total Hours for Grant /Project
		Total Hours For other Work Performed
Total Hrs Worked		
		Description of Other Work:

I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during this period.

I confirm that I have first-hand knowledge of all work performed by this employee and that the distribution of activity represents a reasonable estimate of work performed during the stated period.

_____ _____ _____ _____
Employee's Signature Date Principal Investigator's Signature Date

_____
Title

This report should be completed and returned to the Grants & Fixed Asset Accountant, LAC #70 by the 5th of each month.

(time effort hourly sheet-rev.5/2021