

**University of the Incarnate Word
TIME AND EFFORT REPORT**

Name of Grant: _____

Name: _____

Title: _____

Activity Title: _____

Semester/Year: _____

Title V Work Performed (_____ % of Effort)

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-
-

Other Work Performed (_____ % of Effort)

-
-
-
-

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

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

Employee's Signature

Administrator's Signature

Title

Title