Delta State University Time and Effort Reporting Form

Grant Project Name					
Project Director					
Report	ing Period ₋				
Please list all faculty/staff that contribu	ite time to t	his project:			
Faculty/Staff Name	Title	Project Role/Function	Percentage of Time/Effort	In-kind hours towards project	Initial
Percentage of Time/Effort: For In-kind hours: For time contribe Role/Tasks: Title (ie, Project Differ inkind, designate specification)	outed to a go rector, Proj	rant-funded prograr ect Assistance, etc)	n but not paid for o	ut of a grant.	release, etc
I certify that this distribution of effort r by this report.	epresents a	reasonable estimat	e of the time exper	nded during the per	iod covered
Project Director			Date		
Department Head/Chair			Date		
Dean			Date		
Provost			 Date		

Please complete quarterly. Upon approval, please submit to Vickie Williams, Finance and Administration.