

**INTER AMERICAN UNIVERSITY OF PUERTO RICO  
Central Office of the System**

**GOVERNMENT GRANTS AND CONTRACTS**

**TIME AND EFFORT REPORTING FOR THE MONTH OF \_\_\_\_\_.**

<b>Name of Individual</b>	<b>Social Security Num.</b>	<b>Title of Position</b>
<b>Project Title</b>	<b>Project Period</b>	<b>Program Director</b>
<input type="checkbox"/> FACULTY <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SCIENTIFIC <input type="checkbox"/> CONSULTANT		

PERIOD OF APPOINTMENT:

ACCOUNT NUMBER				PERCENT OF TOTAL TIME AND EFFORT				SALARY MONTHLY CHARGE	
Fund	Org	Acct	Prog	RESEARCH GRANT	TRAINING GRANT	INSTRUCTIONAL	OTHER ACTIVITIES		

COMMENTS REGARDING PAYROLL ADJUSTMENTS AND OVER/UNDER COST SHARING (IF APPLICABLE)

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I certify that the above percentage represents a reasonable approximation of my activity for this period.

Employee's Signature	Date
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I hereby certify that the actual time/effort percent reflects the distribution of activity for the employee in this period.

Authorized Signature	Date
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I certify to the best of my knowledge that the information above is true and correct according to the contract signed by the employee.

Human Resources Officer	Date
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