

Form 125A
University of Puerto Rico
 Unit: _____



Time and Effort Report for Establishing Payroll Distribution

Employee Name	Social Security
Department/Faculty	Position
Faculty (___) Professional (___) Non-Professional (___)	Base Salary
EFFORT REPORT PERIOD: Fall___ Spring___ Sumer___ Year_____	
Effective Date of Payroll Distribution: _____	
Multi-campus and/or Projects funded by campuses other than the home campus of the professor Yes ___ No ___	
<small>If the answer is "Yes" the form will require the signature of the supra-campus projects Directors. See section below.</small>	

SPONSORED ACCOUNTS			LEVEL OF EFFORT %	AMOUNT TO BE CHARGED TO ACCOUNT
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
COST SHARING				
UNIVERSITY FUNDS				
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
TOTAL COMPENSATION			100%	

PAYMENTS PAID FOR OTHER WORK NOT INCLUDED IN THE BASE SALARY		
Account Numbers	Type of work performed	AMT. Paid

COMMENTS

APPROVAL

Employee's signature	Date		Date
Home Department Approver	Date	Project Director(s) of the home campus of the faculty member	Date

APPROVAL FROM SUPRA-CAMPUS PROJECTS DIRECTORS

Employee's signature	Date		
		Campus of Project Director	Supra-Campus Project Director(s) from which the faculty receives compensation
			Date

FINANCE OFFICE USE ONLY

Revised by: _____ Date: _____

Form 125A is to be complete by the above officials to estimate effort and compensation for the applicable period.