

University of Puerto Rico at Humacao
TIME & EFFORT REPORT

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| Employee Name: Department: Position: School: | Social Security: Position Type: Period Covered by this Report From: To: |
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|--|------------------------------|---------------------|---|-----------------------|------------------------|-------------------------|------------------------|--------------------|
| B A S E S A L A R Y | | | EFFORT PAID BY FEDERAL FUNDS | | | | SPACE USED | |
| | Account Numbers | Object Codes | Account Titles | Amount Charge | Proposal Amount | Proposed Effort% | Building Number | Room Number |
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| | Federal Amount Total: | | | | | | | |
| | | | EFFORT PAID BY UNIVERSITY FUNDS | | | | SPACE USED | |
| | Account Numbers | Object Codes | Account Titles | Amount Charge | Proposal Amount | Proposed Effort% | Building Number | Room Number |
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| | UPR Amount Total | | | | | | | |
| | | | INCIDENTAL WORK AND COMPENSATION | | | | SPACE USED | |
| | Account Numbers | Object Codes | Account Titles | Amount Charged | Proposal Amount | Proposed Effort% | Building Number | Room Number |
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CERTIFICATION

I certify that this distribution of activity represents a reasonable estimate of the effort devoted during the period covered by this report.

Employee's Signature Dean's Signature

 Project Director's Signature

FINANCE DEPARTMENT

Audited by Date