

University of Puerto Rico

Unit

TIME & EFFORT REPORT

Employee Name:		Social Security:	
Department:		Position Type:	
Position:		Period Covered by this Report From:	
School:		To:	

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
	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
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

CERTIFICATION				FINANCE DEPARTMENT			
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 _____		Audited by _____		Date _____	