



Castleton University

TIME & EFFORT REPORT

Name: _____ Grant Name: _____

Title: _____ Semester: _____

Department: _____ Grant Cycle Dates: _____

Compensated Activities:

Grant Duties: _____ % of time Grant GL # _____

Grant Duties: _____ % of time Grant GL # _____

Institutional Duties: _____ % of time

Total 100 % of time

☐ Please check this box if the salary is part of a cost sharing agreement and should not be charged to the grant.

I hereby certify that the allocation of my time, as listed on the attached Time Entry Report, is a fair representation of the actual allocation of my time for the above-specified period.

Employee Signature

____/____/____
Date

I hereby certify that I have first-hand knowledge of the compensated activities for the above listed individual and I confirm that the above percentages represent a reasonable approximation of the effort which has been devoted to the respective direct and indirect categories during the period listed.

PI (Principle Investigator) Signature or
Academic Dean

____/____/____
Date