

MOREHOUSE COLLEGE

CERTIFICATION OF TIME AND EFFORT FOR PROJECT PARTICIPANT

For Period Beginning _____ and Ending _____

Name of Participant: _____ (Check One)

Morehouse ID Number: _____ () Monthly

Department: _____ () Other-Specify

I. Sponsored Project or Program

<u>Name of Project</u>	<u>Project Number</u>	<u>Percentage of Total Effort</u>
List Activities:		
1.		
2.		
3.		
4.		
5.		

II. Instruction _____

III. Other Institutional

<u>Activities (List Activities)</u>	<u>Project Number</u>	<u>Percentage of Total Effort</u>
1. _____	_____	_____
2. _____	_____	_____

		100%

We (I) certify that this distribution of time or effort represents an accurate accounting of effort (time) expended by the above named participant.

Signature of Participant Date

Signature of Project Director Date

Distribution:

- Business Office
- Departmental Chairperson
- Project Director
- Participant