

Appalachian State University
Monthly Time and Effort Report
 Personnel Working on Contract and Grant Projects

Name: _____ Budget Code: _____
 Department: _____
 Position Title: _____

This report covers the month of _____

Directions: Please indicate below all areas in which work was performed for Appalachian State University this month by listing the percentage of time you spent on each function.

**COMPLETE AND RETURN ONE COPY OF EACH MONTH TO APPALACHIAN STATE UNIVERSITY
 SPECIAL FUNDS ACCOUNTING OFFICE. THANK YOU!**

Percent of effort

	As shown in Grant or Proposal	Actual Effort
RESEARCH PROJECT OR GRANT PROGRAM:		
Title:	_____	_____
NON-PROJECT OR NON-GRANT ACTIVITIES:		
Instruction:	_____	_____
Department Administration:	_____	_____
Other (Specify):	_____	_____
TOTAL EFFORT EQUALS	100%	100%

Approved:

 Department Chairman or Grant Director

 Signature of Employee

Date _____

Date _____