

INTER AMERICAN UNIVERSITY OF PUERTO RICO
Institutional Unit Metropolitan Campus

GOVERNMENT GRANTS AND CONTRACTS
TIME AND EFFORT REPORTING FOR THE MONTH OF _____ 2001

Name of Individual	Social Security Num.	Title of Position
Project Title	Project Period	Program Director
<input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Scientific <input type="checkbox"/> Consultant		

PERIOD OF APPOINTMENT:

Account Number				Percent of Total Time and Effort				Salary Monthly Charge	
Fund	Org	Acct	Prog	Research Grant	Training Grant	Instructional	Other Activities		

Comments Regarding Payroll Adjustments and Over/Under Cost Sharing (If applicable)

I certify that the above percentage represents a reasonable approximation of my activity for this period.

Employee's Signature

Date

I hereby certify that the actual time/effort percent reflects the distribution of activity for the employee in this period.

Authorized Signature

Date

I certify to the best of my knowledge that the information above is true and correct according to the contract signed by the employee.

Human Resources Officer

Date