

Employee Name: _____

(Enter Month and Year) MM/YY

Monthly Effort Report

All FSCJ employees whose salary is funded in whole or in part with grant funds, or whose salary is used to meet a match or leveraged funds must complete the following effort report on a monthly basis. The form must be completed and signed by either the employee or a supervisor with firsthand knowledge who can verify that the work described was performed. (OMB Circular A-21.)

Proj #	Title of Grant / (Cost Objective if Available)	Dates	Summary of Activities	Hours OR % of Time Spent	
				Hours	%
1					
			Total Project Time	-	0%
2					
			Total Project Time	-	0%
3					
			Total Project Time	-	0%
			Total Time on All Projects*	-	0%
			*FSCJ Employees: Time must total 100% or reflect the total number of hours compensated by FSCJ.		

I _____ DO HEREBY CERTIFY THAT THE ABOVE TIME HAS BEEN SPENT IN THE MANNER AND THE AMOUNTS REFLECTED ABOVE.
(Please sign name)

- (1) EMPLOYEE/SUPERVISOR WITH KNOWLEDGE SIGNATURE _____ DATE: _____ *
- (2) EMPLOYEE/SUPERVISOR WITH KNOWLEDGE SIGNATURE _____ DATE: _____ *
- (3) EMPLOYEE/SUPERVISOR WITH KNOWLEDGE SIGNATURE _____ DATE: _____ *

*The form must be signed after-the-fact or after completion of work each month and must coincide with one or more pay periods.