

Personnel Activity Confirmation Report

For Period : From Jan 1 2008 To May15 2008

NAME : Smith, Robert
TITLE : Professor

EMPLID : 0123456
COMPANY : UND

JOBCODE/FAMILY : 2100
HOME DEPARTMENT : 4020

THIS EFFORT REPORTING FORM IS ISSUED BY THE OFFICE OF GRANTS AND CONTRACTS ADMINISTRATION . INFORMATION PREPRINTED IN COLUMNS A AND B IS DERIVED FROM ACTUAL PAYROLL RECORDS OF THE UNIVERSITY AND IS UPDATED ON A PAY PERIOD BASIS.

PLEASE REVIEW THE FORM CAREFULLY AND MAKE ANY NECESSARY CHANGES. THE EFFORT PERCENTAGES NEED TO REFLECT A REASONABLE ESTIMATE OF YOUR EFFORT. IF YOU ARE DEVOTING EFFORT TO A GRANT WHICH IS NOT LISTED ON THE FORM, INDICATE THE PROJECT NUMBER, NAME AND PERCENT OF EFFORT. REMEMBER YOUR EFFORT MUST TOTAL 100%

PLEASE READ ANY ATTACHMENTS BEFORE COMPLETING THIS FORM. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ,777-4151 WE WILL BE GLAD TO HELP.

THANK YOU FOR YOUR COOPERATION.

<u>PROJECT ID</u>	<u>FUND CODE</u>	<u>DEPTID</u>	<u>COLUMN A ACTUAL % OF SALARY PAID</u>	<u>COLUMN B EFFORT %</u>	<u>COLUMN C COST SHARE %</u>	<u>COLUMN D REPORTED EFFORT %</u>
	22144	4020	51	51	0	_____
	-					
	22146	4010	49	28	-21	_____
	-					
UND0012345	43500	4020	0	21	21	_____
	-					
	Sub-Totals		100	100	0	_____

I HEREBY CERTIFY

- (1) THAT I AM _____ THE EMPLOYEE NAMED ABOVE, - OR -
_____ A RESPONSIBLE OFFICIAL HAVING FIRST HAND KNOWLEDGE OF THE WORK PERFORMED

AND

- (2) THAT THE DISTRIBUTION OF EFFORT (CHANGED OR NOT CHANGED) REFLECTED ABOVE REPRESENTS A REASONABLE ESTIMATE OF ACTUAL WORK PERFORMED FOR THIS PERIOD

SIGNED DATE

Effort Run Date: 06.17.08
Effort Send Date: 06.18.08

Return Effort Reports Back to Katrina at Mail Stop 7306 by: 07.18.08