



Time and Effort Report

Instructions

- 1) List the activities in which you served during the last semester including active externally sponsored programs, teaching, clinical service, institutional service, and administrative duties.
- 2) Provide the percentage of effort that was committed to each activity.
- 3) Sign the form, have your supervisor sign the form, and return it to OADRGS.
- 4) **Faculty - UCC funded activities must equal at least 15%**

Name: _____ Academic Rank: _____ Position: _____

Department: _____ Period: _____ Year: _____

Source of Funding	Activity	Account Number	% Effort Funded by External Source	% Effort Funded by Institutional Funds	Total Effort
				TOTAL	

I certify that the distribution of effort listed above is correct.

Employee Signature

Date

Supervisor: I confirm that I have knowledge of the work performed by the above individual and that the above distribution of activity represents the work during the stated period.

Printed Name

Signature

Date

Dept. Chair Name

Signature

Date

Dean of Medicine (for Dept Chair reports)

Signature

Date

Return to OADRGS by January 31, April 30, July 31, October 31