

**McLennan Community College
Time and Effort Report for Professional Personnel**

(Due the 5th of each succeeding month to the Business Office)
(To be kept on file in the Grant/Contract Accountant's Office)

Employee Name _____ Month of _____

Position _____ Department _____

Activities for State/Federally Sponsored Projects:

Project Name: Activities: % of Total Effort:

Institutional Activities: % of Total Effort:

I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during this period.

I confirm that I have first-hand knowledge of all work performed by this employee and that the distribution of activity represents a reasonable estimate of work performed during the stated period.

Employee's Signature

Supervisor's Signature

Date _____

Date _____