McLennan Community College
Time and Effort Report for Professional Personnel
(Due the 5th of each succeeding month)
(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_____