



HAGERSTOWN COMMUNITY COLLEGE

EFFORT DOCUMENTATION FORM

Faculty for Regular Workload

Employee Name:

Name of Grant: _

Grant Account Number:

Semester:

Fiscal Year:

_____ % of my effort (or _____ workload hours of my total _____ workload hours) devoted to the _ grant activities *
 (broad categories of activities performed during the reporting period identified above)

-
-
-
-
-
-

** Note: % of effort cannot exceed time authorized by the grant*

I certify to the best of my knowledge that this is a reasonable distribution of effort contributed to this program for this employee for the period indicated.

Project Director's (PD's) signature Date
or Supervisor if form is completed by PD

Additional required information, if applicable.

_____ % of my effort (or _____ workload hours) devoted to regularly assigned HCC-funded duties

_____ % of my effort (or _____ workload hours) devoted to other grants: (list only effort and name of grant)

_____ % (or _____ workload hours) _____

_____ % (or _____ workload hours) _____

0% Total (% of effort must add to 100%)

I confirm that this is an accurate distribution of my effort/work for the period indicated.

Employee's signature Date

Original: Grants Accounting Office
Copy: Grant Project Director
Due Date: No later than 15 working days after the end of each semester

For Grants Accounting Office Use Only

Status (check one): _____ paid by grant funds Directly Charged to Grant _____ Journal Entry: _____
 _____ released by grant funds
 _____ required match for grant