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