HAGERSTOWN COMMUNITY COLLEGE

EFFORT DOCUMENTATION FORM
Non-Faculty

Employee Name: ____________________________
Name of Grant: ______________________________
Grant Account Number: ________________________

MONTH
(circle)
JAN FEB MAR APR MAY JUN JLY AUG SEP OCT NOV DEC
FISCAL YEAR
(circle)
10-11 11-12 12-13 13-14

_____% of my effort 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 devoted to regularly assigned HCC-funded duties

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

_____%
_____%
_____%

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

I confirm that this is an accurate distribution of effort/work contributed 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 month

For Grants Accounting Office Use Only
Status (check one): _______ paid by grant funds   Directly Charged to Grant: _______ Journal Entry: _______
_______ required match for grant

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