



HAGERSTOWN COMMUNITY COLLEGE

**EFFORT DOCUMENTATION FORM**

Non-Faculty

Employee Name:

Name of Grant: \_

Grant Account Number:

MONTH JAN FEB MAR APR MAY JUN JLY AUG SEP OCT NOV DEC  
(circle)

FISCAL YEAR 10-11 11-12 12-13 13-14  
(circle)

\_\_\_\_\_% 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