

MOREHOUSE COLLEGE

CERTIFICATION OF TIME AND EFFORT

For Period Beginning _____ and Ending _____

Name of Participant: _____ (Check One)

Morehouse ID Number: _____ () Monthly

Department: _____ () Other-Specify

I. Sponsored Project or Program

<u>Name of Project</u>	<u>Project Number</u>	<u>Percentage of Total Effort</u>
1.		
2.		
3.		
4.		
5.		

II. Instruction

III. Other Institutional

<u>Activities (List Activities)</u>	<u>Project Number</u>	<u>Percentage of Total Effort</u>
1. _____	_____	_____
2. _____	_____	_____

		100%

We (I) certify that this distribution of time or effort represents an accurate accounting of effort (time) expended by the above-named participant.

Signature of Participant Date

Signature of Certification Date

Distribution:

- Business Office
- Department Head
- Project Director
- Participant