

## Employee Time and Effort Semester Report for Grant Funded Projects

Name of Grant and Grant Funder: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

Report for (circle one):            Fall      Spring      Summer I      Summer II

Calendar Year: \_\_\_\_\_

Employee Name and Position Number: \_\_\_\_\_

Grant Project Director Name: \_\_\_\_\_

Activity Description	Hours Worked	Grant Objective/Goal	Paid by Grant/ or College In-kind Contribution?

TOTAL HOURS: \_\_\_\_\_

I herein certify that I devoted \_\_\_\_\_ hours this semester to grant activities as noted above.

Employee Signature/Date: \_\_\_\_\_

Grant Project Director Signature/Date: \_\_\_\_\_

### Completed Forms should be sent to:

Mr. Benjamin Thomas – Grants Compliance Specialist

Office of Grants and Sponsored Programs

9221 Corporate Blvd, Rockville Maryland, 20850

Phone: (240)567-7498

***Please retain a copy of this form in your grant files for audit purposes. Records should be retained for three years after the submission date of the final expenditure report for the grant.***