|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **<INSERT ORGANIZATION NAME>** | | | | | | | | |
|  | |  |  | |  |  | | |
| **EMPLOYEE NAME (PRINTED):** | |  | | | **UNIT # or GRANTEE NAME:** |  | | |
| **LOCATION:** | |  | | | **PAY PERIOD DATES:** |  | | |
|  | |  |  | |  |  | | |
|  | |  | | |  | | |  |
| **DATE** | | **JOB/FUNCTION (Ex. Tutor)** | | | **ACCOUNT CODE (Ex. 5350.198)** | | | **TIME/HOURS** |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
|  | | | | | TOTAL HOURS | | |  |

I hereby certify that the information contained in this Time and Effort Report accurately reflects my actual time and effort (T&E) distribution for the period reported. My time is \_\_\_\_\_% dedicated to the 21st CCLC grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Employee Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Supervisor Printed Name Date