

SAINT MICHAEL'S COLLEGE
GRANT TIMESHEET AND TIME AND EFFORT REPORT
(Grant Authorization Form must be completed before starting work)

Complete and sign/certify at the end of each PAY PERIOD, then submit to the appropriate supervisor's office.

Work Completed By/Employee Name: _____ ID#: _____

Principal Investigator Name: _____

Grant Name/Number: _____

G/L Number to be charged: 10-_____ Start/End Dates of Pay Period: _____ to _____

Date MM/DD/YY	Indicate Time In/Out and brief description of Grant activity for each time block	Daily Hrs Total
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		
TOTAL HOURS FOR PAY PERIOD		
TOTAL AMOUNT (HR WILL CALCULATE)		\$

Certification Signatures

I certify that I have recorded all hours worked on this project in this pay period, that these hours are accurate, and I have completed the work as described above.

EMPLOYEE _____ Date Signed _____

PRINCIPAL INVESTIGATOR _____ Date Signed _____

STAFF ACCOUNTANT _____ Date Signed _____