



Effort Distribution Report

EMPLOYEE NAME (TYPED)	SOCIAL SECURITY NUMBER	REPORTING MONTH
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This effort distribution report must reflect all activities for the month named above as they apply to all accounts where you have been named as an active participant. This includes the department from which you are paid your regular salary through the University as well as all grants and/or contracts administered through the University. Do not include any extra time you work for additional compensation outside of your regular salary such as consulting, evening college, etc.

ACCOUNT NUMBER	PERCENT OF EFFORT APPLIED TO THIS ACTIVITY	*CERTIFYING SIGNATURE
TYPE OF ACTIVITY PERFORMED		

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TYPE OF ACTIVITY PERFORMED		

TOTAL OF ALL EFFORT THIS MONTH:	
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I hereby certify that the distribution of my efforts are reflected accurately as stated above.

EMPLOYEE SIGNATURE

DATE

* I hereby certify that the distribution of effort for the individual named above is to the best of my knowledge a true & correct statement.