



EMPLOYEE TIME AND EFFORT CERTIFICATION

EMPLOYEE NAME:

[REDACTED]

TIME PERIOD:

MAY

2012

MONTH

YEAR

Please select program and percentage of time dedicated for the stated time period above	
National Science Foundation - PR AWARD# 1104176	100%
	100%

I certify that the above percentage of my time and effort was dedicated to the program listed above during the stated period.

[REDACTED]	Grants Administrative Specialist	6/4/2012
EMPLOYEE	PRINT NAME	TITLE
		DATE

I certify that I have first-hand knowledge of all work performed by this employee during the stated period.

Kevin Fleming	Associate Dean, Career & Technical Education	
ADMINISTRATOR	PRINT NAME	TITLE
		DATE

SUMMARY OF WORK ACCOMPLISHED THIS MONTH:
 Review, update shadow budget, file documents, complete EJF's, process purchase requisitions, invoices, travel request, schedule appointments, assist P.I. and Project Director with projects. Phone conferences, minutes, send emails, set up/contact vendors, and assist with grant objectives. Prepare and distribute materials for National Visiting Committee & Industry Advisory Council.



Time and Effort Certification Form

To comply with college, District and government requirements for time and effort reporting, each person employed, in part or in whole, on a federally-sponsored or state-sponsored project must report the distribution of time and effort expended. Forms are maintained on file by the Principal Investigator/Project Director of the grant.

Institutional Information

District Moreno Valley Norco Riverside

Name: _____ Department: Strategic Development

Reporting Period: Month: August (1-31) Year: 2019

Provide a breakdown of your responsibilities for the reporting period identified above. The total, including externally funded activities must equal 100%.

College/Academic Activities:

Teaching and teaching-related activities	%
Advising activities	%
Other college/district activities	%

Grant Sponsored Activities:

Project/Grant number NSF ATE 1601452	%
Project/Grant number	%
Project/Grant number	%
Other	%
TOTAL (Must equal 100%)	%

I certify to the best of my knowledge the percentage of effort shown above represents a reasonable estimate of the actual work performed during the period of time indicated.

Employee Signature _____ Date _____

Certifying Signature _____ Date _____

Note: If the employee named above is also the Principal Investigator/Project Director, his/her immediate supervisor or designee must provide the certifying signature. The Principal Investigator/Project Director may certify for all other employees assigned to the grant project.

Above breakdown differs by 5% or more than how employee was paid and an adjustment to the salary expenditure is required. Submit a copy to Budget Office.