

**GRANT ACTIVITY DOCUMENTATION
PERSONNEL EFFORT REPORT (PER)**

NAME: _____

GRANT TITLE: _____

GRANT NUMBER: _____

REPORTING PERIOD & YEAR:
(Fall, Spring, Summer or monthly) _____

Description of grant activities performed during the month:	
Percent of time spent performing the above grant activities this period:	%
Description of non-grant activities:	
Percent of time spent performing non-grant activities:	%

Total Time: _____ 100%

I CERTIFY THAT I HAVE PERFORMED THE ABOVE ACTIVITIES.

Signature _____ **Date** _____

**Principal Investigator/
Project Director** _____
(Immediate Supervisor's signature required for PI/PD's time sheet)

Note: This form is to be completed by any employee whose salary is being funded by a state or federal grant.

