**Leadership Development Program (LDP)**

**MONTHLY In-Kind & Time and Effort Activity Report**

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| State Audit Regulations, CFR 200, 225, 215, 230, and with EDGAR require that a Time and Effort Reporting system be used to document salary charges to grants and contracts for institution receiving grant funding. The distribution of faculty and other professional staff salaries that are connected to grants and contracts is based on budgeted, planned or assigned work activities, updated to reflect any significant changes in work distribution. A Time and effort Activity Report must be completed by each employee working on a sponsored program account to cover each month covered by the grant project The hours shown should be a reasonable distribution of the employee's time spent on the project. Failure to return these reports promptly will result in grant related compensation being delayed until the reports are submitted. |

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Higher Education Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Hours Worked |  |  |  |  |  |  |  |
| Day  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| Hours Worked |  |  |  |  |  |  |  |
| Day | 29 | 30 | 31 |  | **Total Hours for the Month: \_\_\_\_\_\_\_\_** **Rate per Hour: $\_\_\_\_\_\_\_\_****Monthly Total: $\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please provide a brief description of work performed.** |

**I certify that the above distribution of time and effort represents a reasonable estimate of the effort (time) expended by me during the pay period covered by this report.**

**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**