

SOUTHERN UNIVERSITY SYSTEM

SUMMARY OF EMPLOYEE EFFORT

DATE: _____

EMPLOYEE'S NAME _____ PAY PERIOD ENDING: _____

DISTRIBUTION OF FACULTY EFFORT			
DEPARTMENT, GRANT OR OTHER	PERCENT LAST MONTH *	PERCENT CURRENT MONTH	SIGNATURES
UNIVERSITY EFFORT DEPT. CODE: _____			_____ DEPT. CHAIRMAN'S SIGNATURE
GRANT CODE: _____			_____ DIRECTOR'S SIGNATURE
GRANT CODE: _____			_____ DIRECTOR'S SIGNATURE
GRANT CODE: _____			_____ DIRECTOR'S SIGNATURE
GRANT CODE: _____			_____ DIRECTOR'S SIGNATURE
SUM OF EFFORT	%	%	

I certify that I have carefully reviewed this report and evaluated my effort during this month. In my best judgment, this report as noted does properly reflect the distribution of my effort for the prior month and current month of activity.

SIGNATURE OF ABOVE FACULTY

DEPARTMENT CHAIRMAN

*If the computer distribution of your prior month's effort is in error, please draw a line through the items in error and indicate in the same block the correct percent. If there are no corrections noted your signature here confirms that the distributions made previously were made correctly.