**Office of Sponsored Programs**
**Hourly Staff Monthly Activity Form**
*(Part-time Staff)*

Name ________________________________  
Project Title _________________________

Dept./Unit ____________________________  
Budget No. ____________________________

Today’s Date __________________________  
Project Period __________ - __________  
From _________  To _________

Please indicate only the number of hours that you worked on the sponsored project.  
*(If copies of payroll sheets are attached to this form do not complete the calendar grid below)*

*This information is needed for Federal and State Audit requirements.*

___________ / __________ (month, year)

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**I certify that the information listed above is correct.**

Date ___________________________  
Staff Member ___________________________

Date ___________________________  
Principal Investigator/Program Director ___________________________

Date ___________________________  
Director, Office of Sponsored Programs ___________________________

*Return this form to the Office of Sponsored Programs.*