Instructions:

1. Place your name, department and budget period in the appropriate field.
2. Fill in Section A, placing project title/position, period certifying, budget number, and effort percentage in the appropriate field. Indicate whether the effort was funded by the grant, cash matched by the university or a non-federal agency, or in-kind commitment.
3. Insert effort percentages in Section B, C, and D (if applicable). EFFORT MUST TOTAL 100%
4. Sign and date the effort report form, obtain the signature of your department head/supervisor, and return the form to Earlene Jackson in the Office of Sponsored Programs, which is located in Building 502.

PLEASE CONTACT Ms. Lynette K. Lee at ext. 6812 with any questions.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department:</th>
<th>Check All That Apply: Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Faculty ☐ Professional Staff ☐</td>
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<tr>
<td></td>
<td></td>
<td>12 Months ☐ 9 Months ☐ Summer ☐</td>
</tr>
</tbody>
</table>

Section A: Sponsored Activity Commitments

<table>
<thead>
<tr>
<th>Project Title/Position</th>
<th>Period Certifying</th>
<th>Budget Number</th>
<th>Effort %</th>
<th>Was your effort funded by a grant, cash matched by DSU, or “in-kind”?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>☐ Funded ☐ Cash Matched ☐ One Time Payment</td>
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</tr>
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</table>

Sponsored Activities Total Effort Expanded For Project(s) Above ____%

Add totals from Section B, Section C, and Section D together.

Section B:

TOTAL For All Sponsored Activities (Above) ____%

Section C:

University/Academic Teaching ____%

YOUR TOTAL EFFORT CANNOT BE GREATER THAN 100%

This is your total effort for this reporting period.

Date

___________________________________________

Date

___________________________________________

Date

___________________________________________

Date

___________________________________________

Date

___________________________________________

Date

___________________________________________

Section E:

Effort Reporting Total Effort Expended (Section B + Section C + Section D must equal Section E) 100 %

Date

Faculty/Staff

___________________________________________

Date

Principal Investigator*/Program Director*/Supervisor

___________________________________________

Date

Principal Investigator*/Program Director*/Supervisor

___________________________________________

Date

Appropriate Chair/Dean

___________________________________________

Date

Office of Sponsored Programs

Last Revision 2/6/16

Delaware State University
Dover, Delaware

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

Name ________________________________  Project Title _______________________
Dept./Unit ____________________________  Budget No. _________________________
Today’s Date __________________________  Project Period ____ - ______

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)

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</table>

Total Number of Hours: __________

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.
Instructions:
1. Place your name, department and budget period in the appropriate field.
2. Fill in Section A, placing project title/position, period certifying, budget number, and effort percentage in the appropriate field. Indicate whether the effort was funded by the grant, cash matched by the university or a non-federal agency, or in-kind commitment.
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**Sponsored Activity Commitments:**

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Date ____________________________  Faculty/Staff ____________________________

Date ____________________________  Principal Investigator*/Program Director*/Supervisor ____________________________

Date ____________________________  Principal Investigator*/Program Director*/Supervisor ____________________________

Date ____________________________  Appropriate Chair/Dean ____________________________

Date ____________________________  Office of Sponsored Programs ____________________________

1200 N. DUPTON HWY. ● DOVER, DE ● 19901-2277 ● (302) 857-6810 ● Fax: (302) 857-6804
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