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 Mrs. Jackson at ext. 6812 with any questions.

<table>
<thead>
<tr>
<th>Section A: Sponsored Activity Commitments</th>
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<td><strong>Project Title/Position:</strong></td>
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**Sponsored Activities Total Effort Expanded For Project (s) Above** -----%

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

This is your total effort for this reporting period.

**Section B:**

**TOTAL For All Sponsored Activities** %

**Section C:**

**University/Academic Teaching** %

**YOUR TOTAL EFFORT CANNOT BE GREATER THAN 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

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

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Last Revision 2/6/13
Office of Sponsored Programs
Hourly Staff Monthly Activity Form
(Part-time Staff)

Name ________________________________ Project Name _______________________
Dept./Unit ____________________________ Grant 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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<tr>
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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.