TIME AND EFFORT LOG

First/Last Name _____ **Title** _____ **Month** _____ **Year** _____

***Signature** _____ **Date** _____ ***Supervisor Initials** _____ **Date** _____

DIRECT TIME PROGRAM NAME	Account for all time worked per day. (Minimum of 1/4 hour increments)																															TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Title I																																
List other funding source																																
SUBTOTAL																																
INDIRECT TIME																																
Sick Leave																																
Holiday																																
Prof. Development																																
Other (Describe)																																
SUBTOTAL																																
GRAND TOTALS																																

Time must be documented in hours, not percent. (OMB) Circular A-87 "Time Distribution"

**Signatures must be dated AFTER the last date of service.*