

**NORTHEASTERN STATE UNIVERSITY
Effort Reporting Form**

NAME: Sample Sample
EMP ID#: N00005896
REPORT PERIOD: 07/01/2017

GRANT NAME: Sample Effort Reporting Form
Grant Code: 01-142563 **Fund:** 22222 **Org.:** T66666 **Prgm:** 222222

DATE	TOTAL GRANT HOURS	TOTAL NON-GRANT HOURS	DATE	BRIEF DESCRIPTION OF GRANT ACTIVITIES PERFORMED
07/01/17			07/01/17	
07/02/17			07/02/17	
07/03/17			07/03/17	
07/04/17			07/04/17	
07/05/17	3	5	07/05/17	Filled in the Sample Reporting Form
07/06/17			07/06/17	
07/07/17			07/07/17	
07/08/17			07/08/17	
07/09/17			07/09/17	
07/10/17			07/10/17	
07/11/17			07/11/17	
07/12/17			07/12/17	
07/13/17	5	3	07/13/17	Taught a Class
07/14/17			07/14/17	
07/15/17			07/15/17	
07/16/17			07/16/17	
07/17/17			07/17/17	
07/18/17			07/18/17	
07/19/17			07/19/17	
07/20/17			07/20/17	
07/21/17			07/21/17	
07/22/17			07/22/17	
07/23/17			07/23/17	
07/24/17			07/24/17	
07/25/17			07/25/17	
07/26/17			07/26/17	
07/27/17			07/27/17	
07/28/17			07/28/17	
07/29/17			07/29/17	
07/30/17			07/30/17	
07/31/17			07/31/17	
TOTAL	8	8		

PERCENTAGE OF TIME SPENT ON GRANT ACTIVITIES	50%
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When completing this form monthly only fill in the gray shaded areas.

EMPLOYEE SIGNATURE _____ DATE _____

PI SIGNATURE _____ DATE _____

ACCOUNT SPONSOR SIGNATURE _____ DATE _____