

Southwest Virginia Community College

Monthly Time and Effort Report for Grant or Match Employees

GRANT **MATCH**

(Check GRANT if any portion of your salary is paid by grant funds or MATCH if in-kind contribution)

REPORTING PERIOD: From: _____ **To:** _____

Semester: _____ **(Faculty Only)**

NAME _____ **EMPLOYEE ID#:** _____

GRANT NAME: _____ **AIS #:** _____

EMPLOYEE TOTAL TIME TO GRANT THIS PERIOD:

Full-Time Classified: _____	(percent %)
Faculty/Faculty Administrator: _____	(percent %)
Part-Time Employee: _____	(Hours)
In-Kind Matches (hours required): _____	(Hours)

Note: Below, please fill in the spaces with the appropriate percentage (or hours in in-kind match) of time spent on each duty to equal the total time indicated above.

INSTRUCTION *(Efforts that exclusively benefit Instruction)*

_____ Faculty Development	_____ Instruction
_____ Curriculum Preparation	_____ Instruction Scheduling
_____ Faculty Candidate	_____ Other

STUDENTS *(Efforts expended in performing activities included in Student Affairs and Student Services)*

_____ Support for Student Counseling and Career Counseling	_____ Student Admissions
_____ Financial and Administrative	_____ Student Activities
_____ Recordkeeping for Students	_____ Other

OTHER ACTIVITIES *(Efforts that benefit other Institutional Activities)*

_____ Grant Project Administration	_____ Report Preparation and Other Written Material
_____ Participation in Departmental and College-Wide committees (other than Instruction)	_____ Scheduling and Room Assignment
_____ Administrative Functions, such as Personnel and Financial Management	_____ Professional Development
_____ Maintaining Supplies and Equipment	_____ Participation in On-site Visits by Federal Sponsor
_____ Budget Preparation and Financial Accounting	_____ Project Evaluation
	_____ Other

Note: If a more detailed description is needed for specific contributions to a grant, please include an Attachment to this report.

This certifies that the employee devoted the percentage or hours of time indicated to the above-named grant program during the period of time as stated and that the services were performed according to appropriate grant policies as set forth in the grant application and award.

EMPLOYEE SIGNATURE	DATE	PROJECT DIRECTOR/SUPERVISOR	DATE
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