AFTER THE FACT CERTIFICATION OF LABOR
South Carolina State University
For the Period of:

1. Name: 

2. Academic School or Admin. Unit: 

3. Position: 

4. Project Title: 

5. Project #: 

6. Funding Agency: 

7. Grant/Contract Period: Start Date: / H / End Date: / / 

8. Budget Period: Start Date: / I / End Date: / / 

9. Percentage of time assigned to the project by University Employment contract (if applicable) 

10. Time Distribution Report:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>No. of hours worked per week</th>
<th>% of time spent</th>
<th>Account Number &amp; Budget Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>J</td>
<td>K</td>
<td>L</td>
</tr>
<tr>
<td>Teaching/Instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant/Contract</td>
<td>M</td>
<td>N</td>
<td>O</td>
</tr>
<tr>
<td>Temporary Position (P-13, P-14, summer salary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release Time – charged to grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release Time – In-kind</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime (officially paid)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>P</td>
<td>Q</td>
<td>R</td>
</tr>
<tr>
<td>TOTAL</td>
<td>S</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

11. Duties performed in this period – use the back of form to list activities performed to fulfill grant objectives. 

12. Certified by:

[Signature] S
Project Direct (if applicable) /Date

[Signature] T
Principal Investigator /Date

13. Reviewed by:

[Signature] V
Director, Office of Sponsored Programs /Date
<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 16 — Oct 15</td>
<td>Dec 16 — Jan 15</td>
<td>Mar 16 — Apr 15</td>
<td>June 16 — July 15</td>
<td></td>
</tr>
<tr>
<td>Oct 16 — Nov 15</td>
<td>Jan 16 — Feb 15</td>
<td>Apr 16 — May 15</td>
<td>July 16 — Aug 15</td>
<td></td>
</tr>
</tbody>
</table>

Month: _______________________________
Duties performed:

W

Month: _______________________________
Duties performed:

Month: _______________________________
Duties performed:
Instructions

A. **For the period of:** Please indicated the period being reported. Ie.
   - Quarter 1- Aug 16-- Nov 15
   - Quarter 2- Nov 16--Feb 15
   - Quarter 3- Feb 16 -- May 15
   - Quarter 4 May 16-- Aug 15

B. **Name:** Please indicate the full name of the individual that has been paid on the grant.

C. **Academic School or Admin. Unit:** Please name of the college or administrative unit the individual is currently assigned.

D. **Position:** Please indicate the individual’s current position/position on the grant.

E. **Project Title:** Please indicate the title of the grant project.

F. **Project #:** Please indicate the project number on the award document.

G. **Funding Agency:** Please indicate the funding agency of the award.

H. **Grant/Contract Period:** Please indicate the period of the grant as specified on the award document.

I. **Budget Period:** Please indicate the current budget period.

**Time Distribution Report:**

**Category-University:** Please indicate the appropriate category, ie. Teaching/Instruction, Administration, or Staff.

J. **Number of hours worked per week:** Please indicate the number of hours worked on University responsibilities.

K. **University- % of Time spent:** Please indicate the percentage of time spent on University responsibilities.

L. **Account Number and Budget Code:** Please indicate the account the University responsibilities are charged to.

**Category-Grants/Contracts:** Please place data in the appropriate category ie. Temporary Position, Release Time, Dual Employment, or Overtime.

M. **Number of hours worked per week:** Please indicate the number of hours worked on the grant indicated in block #4.

N. **University- % of Time spent:** Please indicate the percentage of time spent on the grant indicated in block #4.

O. **Account Number and Budget Code:** Please indicate the account the grant indicated in block 4 responsibilities are charged to.

**Category-Other:** Please specify if your time is spent on any other grant.

P. **Number of hours worked per week:** Please indicate the number of hours worked on the grant indicated in block #4.

Q. **University- % of Time spent:** Please indicate the percentage of time spent on the grant indicated in block #4.

R. **Account Number and Budget Code:** Please indicate the account the grant indicated in block 4 responsibilities are charged to.

S. **Total:** Indicate the totaled hours worked per week. Note: **Total hours can not exceed 37.5 per week unless overtime is indicated.**
T. **Project Director:** The Project Director must certify the After-the-Fact Certification is accurate, if applicable. If the Project Director and Principal Investigator are the same individual, leave this block blank and certify in the Principal Investigator block.

U. **Principal Investigator:** The Principal Investigator must certify that the information reported on the After-the-Fact Certification is accurate. This form cannot be processed in the Office of Sponsored Programs without the signature of the Principal Investigator.

V. **Reviewed by:** The form must be forwarded to the Office of Sponsored Programs for signature and filing.

W. **Duties Performed in this period:** For each month in the quarter reported, please provide a brief description of the duties performed on the grant indicated in block #4.