

South Carolina State University
AFTER THE FACT CERTIFICATION OF LABOR
Title III Employee Time and Effort Report

Month: _____

1. Name: _____

2. Title III Activity Name: _____

3. Position: _____

4. Activity #: _____

5. Employee Hire Date for Title III Activity _____
 (The date you *initially* started your Title III assignment with this Activity)

6. Percentage of time assigned to as stated in grant objectives: (if applicable) _____

7.

Time Distribution Report:	% of time spent
Grant/Contract:	
• Temporary Position: P-13 _____ P13S _____ P-14 _____	
• Dual Employment	
• Overtime (officially paid)	
<i>List duties performed in this period to fulfill grant objectives:</i>	
TOTAL	%

I confirm that the above distribution of activity represents a reasonable estimate of all work performed by me during the indicated period.

Employee Signature

Date

I confirm that I have first-hand knowledge of all the work performed by the above employee and that the distribution of activity represents a reasonable estimate of work performed for the period indicated.

 Signature of Activity Director

 Date

 Signature of Title III Director

 Date

NOTE: This report should be completed and submitted to the Title III Office along with each end-of-the-month Time Sheet.