



EFFORT REPORTING FORM

Faculty Name _____ Department & College: _____

9-Month Faculty _____ 12-Month Faculty/Staff _____ Term: _____

Provide a breakdown of your effort for the semester. The total must equal 100%.

A. FUNDED RESEARCH

Grant Index Number	Salary Charged to Grant	Percentage of Effort
Subtotal		%

B. RESEARCH (NOT SUPPORTED BY GRANT) Subtotal _____ %

C. TEACHING and ADVISING

- Course load _____ %
 - Advising _____ %
- Subtotal _____ %**

D. SERVICE

- University Service _____ %
 - Department or College Service _____ %
- Subtotal _____ %**

E. ADMINISTRATION Subtotal _____ %

F. SABBATICAL OR LEAVE OF ABSENCE Subtotal _____ %

TOTAL 100%

I certify that the information provided is correct.

Faculty Signature

Date

Department Head or Dean

Date