

THE UNIVERSITY OF WEST ALABAMA

L I V I N G S T O N

OFFICE OF SPONSORED PROGRAMS EFFORT CERTIFICATION REPORTING

Employee Name		
Institutional Position		
Reporting Period		
Award Title		
Award Sponsor		
Award Account No.		
Description of sponsored project activities performed during the reporting period.		
Percent of effort/time spent performing the above-referenced award activities during this period only.		
Number of summer months spent on activities during this period.		
Description of primary college/department responsibilities. <i>(teaching, advising, committee work, etc.)</i>		
Percent of effort/time spent performing the above-referenced non-award activities during this period only.		
TOTAL EFFORT <i>Note: Total time must equal 100%</i>		
I hereby certify that I have performed the above activities.		
Reporting Employee Signature		
Principal Investigator Name		
Principal Investigator Signature		
Dean Signature		