

IN-KIND CONTRIBUTION
TIME & EFFORT RECORD

MURRAY STATE UNIVERSITY

FOR THE MONTH AND YEAR _____

Name: _____
Last name First name & middle initial

Department/Office: _____

M#: _____

ACTIVITIES:

A. Department Teaching Responsibilities	_____	%
B. Academic Department Administration	_____	%
C. General Office Administration	_____	%
D. Organized Research	_____	%
E. Other Institutional Activities (specify) _____	_____	%
F. Federal/State Foundation funded projects*		
1. _____	_____	%
Position Fund Organization Program		
2. _____	_____	%
Position Fund Organization Program		
3. _____	_____	%
Position Fund Organization Program		
4. _____	_____	%
Position Fund Organization Program		
5. _____	_____	%
Position Fund Organization Program		
TOTAL EFFORT**		_____ %

I certify that this distribution of time and effort represents a reasonable estimate of the time and effort expended by the above named during this period of this report.

Signature of Employee Date

Signature of Immediate Supervisor Date

*Effort devoted to research projects and other externally funded projects must be broken out by individual project.

** Total effort must be expressed at 100% irrespective of the number of hours devoted to the activities.

Forward this report to Grants Accounting Office, 200 Sparks Hall