

IN-KIND CONTRIBUTION
TIME & EFFORT RECORD

MURRAY STATE UNIVERSITY

FOR THE MONTH AND YEAR _____

Name: _____
Last name First name & middle initial

Department/Office: _____

Social Security Number (Last 4 Digits): _____

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