

MONTHLY DCCCD TIME AND EFFORT DOCUMENTATION FORM GRANT-FUNDED EMPLOYEES

(This form is to be completed at the end of each MONTH or PAY PERIOD and kept on file at the appropriate college/location grant program office.)

Note: If time is split between more than one grant, use separate form for each grant.

BHC **BJP** **CVC** **DO** **DSC**
EFC **ECC** **LCET** **MVC** **NLC** **RLC**
FT - **LFT** - **PT** **ADMINISTRATOR** - **PROFESSIONAL SUPPORT** - **FACULTY**

GENERAL GRANT INFORMATION:

Name of Funding Agency: _____ Name of Grant: _____

Grant/Contract # _____ Grant Period: _____

F/L/Div#: 13-____ - _____; DCCCD Employee Personnel Account : _____

Compensation percentage from each source (complete all that apply):
 GRANT FUNDS % INSTITUTIONAL MATCHING FUNDS %

TIME AND ATTENDANCE

MONTH OR PAY PERIOD: **FROM** _____ **THROUGH** _____

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
REQUIRED HOURS					
HOURS WORKED					
HOURS ON LEAVE					
TOTAL HOURS					

JOB OBJECTIVES COMPLETED:

I confirm that this report represents a reasonable estimate of work performed by me during the report period.
SIGNATURE OF EMPLOYEE _____ /Date _____
 Printed Name of Employee: _____

I confirm that I have knowledge of work performed by this employee and that this report represents a reasonable estimate of work performed during the report period.
SIGNATURE OF SUPERVISOR _____ /Date _____
 Printed Name of Supervisor: _____

(Note: Please attach other supporting documentation as applicable -- copies of time sheets, leave forms, etc.)