

Pasadena City College

Monthly Time and Effort Documentation Form (GRANT-FUNDED EMPLOYEES)

This form is to be completed at the end of each MONTH.

GENERAL GRANT INFORMATION:

Name of Funding Agency: U.S. Department of Education Name of Grant: _____

Grant/Contract #: _____ Grant Period: _____

Name of Employee: _____

Compensation percentage from each source (complete all that apply):

GRANT FUNDS ____% OTHER FUNDS ____% STIPEND ____ Hours

TIME AND ATTENDANCE FOR GRANT FUNDED WORK

Certification Period: FROM: THROUGH:

Type of Schedule: ___ Daily ___ Weekly ___ Biweekly X Monthly

Program or Cost Objective	Distribution of Time
TOTAL	

JOB OBJECTIVES COMPLETED:

I certify that I performed work consistent with the job objectives and as distributed in the above percentage during the Certification Period.

SIGNATURE OF EMPLOYEE: _____ Date: _____
 Printed Name of Employee: _____

I certify that I have firsthand knowledge that the above employee performed work consistent with the job objectives and as distributed in the above percentages during the Certification Period.

SIGNATURE OF SUPERVISOR: _____ Date: _____
 Printed Name of Supervisor: _____

(Note: Please attach supporting documentation as applicable – copies of time sheets.)