



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

**TIME AND EFFORT FORM FOR
FACULTY AND ADMINISTRATORS**

Project Title: _____

Name: _____

Project Role: _____

Faculty Title and Unit: _____

Pay Period: _____

Time Charged to Grant: _____

Account Number: _____

I certify this report accurately documents my activity for the reporting period indicated above:

Employee Signature: _____

Date: _____

I certify the time allocated and reasonableness of the work performed:

Responsible Official Name: _____

Responsible Official Signature: _____ Date: _____

Activities included (project related meetings, communication, outreach, writing, research, etc.):