



CERTIFICATION OF PERSONNEL ACTIVITY

NAME

ID#

SCHOOL/DEPARTMENT

PAID ON INDEX NUMBER (S) _____ _____ _____

MONTH/TERM

ACTIVITY			% EFFORT ASSIGNED	RELEASE TIME %
Grants and Contracts Administration: (List by Agency, Index, Fund #'s)				
<u>AGENCY NAME</u>	<u>INDEX#</u>	<u>FUND#</u>	<u>%</u>	<u>%</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Teaching:			_____	_____
Other:			_____	_____
			_____	_____

I certify that the above information is correct.

Signature of Employee

Date

Signature of Supervisor/Chair

Date

**Signature of School
 Dean/Budget Executive**

Date

**Signature of Director of
 Grants Management**

Date

Completed forms are automatically sent to the Director of Grants Management, Dr. Karen Brown, at karen.brown@hamptonu.edu.