



CERTIFICATION OF PERSONNEL ACTIVITY

Revised
11/2021

NAME

ID#

SCHOOL/DEPARTMENT

PAID ON INDEX NUMBER(S):

MONTH/TERM

ACTIVITY	% EFFORT ASSIGNED																				
Grants and Contracts Administration: (List by Agency, Index, Fund #'s) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><u>AGENCY NAME</u></th> <th style="width: 20%; text-align: center;"><u>INDEX#</u></th> <th style="width: 20%; text-align: center;"><u>FUND#</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">%</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>AGENCY NAME</u>	<u>INDEX#</u>	<u>FUND#</u>		_____	_____	_____	%	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
<u>AGENCY NAME</u>	<u>INDEX#</u>	<u>FUND#</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

Upon approval, email completed form to Karen Brown at karen.brown@hamptonu.edu.
FOR ALL TITLE III GRANTS, please email to Tiffany Joyner at tiffany.joyner@hamptonu.edu.
Please include "Time and Effort, Month/Year." in the subject line.

Distribution: Original - Grants Management; Copy - Business Office