

HAMPTON UNIVERSITY
HAMPTON, VIRGINIA

CERTIFICATION OF PERSONNEL ACTIVITY

NAME _____ SOC. SEC. No. _____

SCHOOL/DEPARTMENT _____

REPORT FOR MONTH/TERM OF _____ PAID ON A/C _____

ACTIVITY	% EFFORT ASSIGNED
Grants and Contracts Administration (List by Agency and Account No.) Teaching Other	

I certify that the above information is correct.

Signature of Employee

Date

Signature of Supervisor/Chair

Date

Signature of School Dean/Budge Executive

Date

Distribution: Original – Grants Management; Copy – Business Office