WORKSHEET FOR ANALYZING TOTAL COMPENSATED EFFORT

Employee Name: _____

Time Period: _____

% Effort	Activity
	Instruction
	Public Services
	University Committees
	Administration
	Clinical Services
	University Funded Research
	Other
	Directly Charged to Projects:(list project accounts)
	Cost Shared:(list project accounts not source accounts)
_____	
100%	

Note: Total percent effort must add to 100%

_____

Signature (I cerfity that I have either first hand knowledge or a suitable means of verification of the effort distribution for the individual listed above. The above distribution is a reasonably accurate estimate of the work performed during the period.)

_____

Date

This form is used for internal purposes only and is not an official University record.