

**2522 Kwina Road, Bellingham, WA 98226**

# Time/Effort Certification Report

This report is required of all employees whose salary is derived wholly or in part through grants.

Employee Name: EmployeeName

Date of Payroll Period — **Beginning:** BeginDate **Ending**: EndDate

Source of Funds: FundingSource

Name of Grant or Grant Account Number: Grant Title or #

Grant Activity: GrantActivity

Total Percentage of effort for the stated period: Percentage

I hereby certify that the amount listed above are true and correct charges for the employee listed for time expended toward accomplishment of the goals and objectives of the grant(s) for the specified payroll period.

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Supervisor/PI Name Date

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EmployeeName Date

**INSTRUCTIONS: Click on blue fill-in blocks and enter text.**