

Utah Valley University
Office of Sponsored Programs
OSP Time & Effort Activity Reporting Certification Form

To comply with federal guidelines, this form must be completed and returned to the Office of Sponsored Programs Accounting (BA 110A or osp@uvu.edu) **prior to receipt of payment.**

| | | |
|-------------|--------------|---|
| Name: | UVU ID: | Performance Period: |
| Department: | Base Salary: | Teaching Appointment (i.e. 9/10, 11 or 12 month): |

1. Did you buy out a portion of your annual contract?
Y N If yes, percent of effort: _____
2. Did you work during summer (non-contracted) hours?
Y N If yes, percent of effort: _____
3. Were you under a paid contract during the performance period for teaching or other instructional activities?
Examples: **Instruction** (teaching and teaching-related activities)
Y N If yes, How many credits: _____
4. Were you under a paid contract during the performance period for **Administrative Activities** (e.g., department chair, faculty committee member);
Y N If yes, percent of effort: _____
5. Were you under a paid contract during the performance period for **Other Activities** (i.e., research, scholarship, publication)
Y N If yes, percent of effort: _____

| Grant Performance Activities: (Please list work that you performed on grants and contracts during the Performance Period.) | | | | |
|---|----------------|--------------|---------------------------|----------------------------|
| Name of Grant Project | Funding Agency | Banner Index | Direct Cost or Cost Share | Percent of Effort Expended |
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| | | | | |
| Total Grant Performance Activities | | | | |
| If you answered "Yes" to any question 1 through 5, please list the activity that you performed and the percent of effort for that activity. | | | | |
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| | | | | |
| Total Institutional Commitments | | | | |
| GRAND TOTAL (Please add grant performance activities and institutional commitment together.) | | | | |

Please be aware if your effort or workload changes, or if your maximum institutional base salary is reached for the fiscal year (July 1 – June 30), you may be ineligible to receive any additional payment or compensation for your participation on this sponsored project as well as other externally funded projects.

I certify, that to the best of my knowledge, the above distribution of effort represents a reasonable account of all work performed by me during the performance period. *If my effort commitment changed during the summer or academic school year, I understand it was my responsibility to notify OSP immediately.*

Employee Signature (all) _____ Date _____

PI/PD Signature (all) _____ Date _____

Direct Supervisor of PI/PD Signature (only needed if this form is being completed for the PI/PD)
_____ Date _____

OSP Representative Signature (all) _____ Date _____