

Full Time Faculty Activity Log

Employee Name: _____ Fiscal Year: _____ Pay Period: _____

Grant Name: _____ Fund-Organization: _____

Date	Activities Performed	Hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
	Monthly Total:	

AS THE DESIGNATED SUPERVISOR OF THIS EMPLOYEE, I CERTIFY THAT THE ABOVE LISTED WORK WAS PERFORMED ON THE DATE LISTED COVERING THE TIME SPECIFIED, AS NECESSARY TO MEET THE REQUIREMENTS OF THE GRANT MENTIONED

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____