



STAFF NAME:				TITLE:										PROJECT NUMBER:																			
REPORTIN PERIOD (Month):	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	TOTAL	
																															TOTAL		

DESCRIPTION OF ACTIVITIES FOR EACH PERIOD:			
Reporting Period (Month):			
Practice implementation:			
Data Collection:			
Outreach activities:			

I certify that the hours identified above are accurate and valid. STAFF SIGNATURE DATE	<input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;" type="checkbox"/> APPROVED <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;" type="checkbox"/> DISAPPROVED SIGNATURE OF PI DATE	Hourly Rate: _____ Fringe Benefits Rate: _____
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Instructions:

1. Time and Activity Reports must be maintained for all employees whose time is charged against a grant, including hourly and salaried employees.
2. Time and Activity Report must contain employee's name, title, reporting period, and must be signed by both the employee and the principal investigator (PI).
3. Provide a description of the activities completed during each reporting period associated with project implementation. Description should be consistent with the approved Project Work Plan and timeline.

Reporting Period Total Salary:	\$
Reporting Period Total Fringe Benefits:	\$