**LAWSON STATE COMMUNITY COLLEGE**

**TITLE III**

***TIME AND EFFORT REPORT***

Due by the 10th of each month

|  |  |
| --- | --- |
| Month |  |

|  |  |
| --- | --- |
| DIRECTIONS: | This report is to be completed by each person whose salary is paid or partially paid with Title III funds and returned to the Title III Office, Room B009. All Activity Directors must also complete a time and effort report. |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee: |  | Soc. Sec. No. |  |

|  |  |
| --- | --- |
| Position Title: |  |
| Activity: |  |

Percent of Time Devoted

to grant as stated in

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan of Operation |  |  % | College |  % |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Account # |  | Account # |   |

|  |  |  |
| --- | --- | --- |
| Major Work Performed: Related to objective (s)# |  | (Title III Only) |

|  |  |
| --- | --- |
| **Descriptive Task** |   **Estimated %****of Time** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Day (s) Absent Type of Leave

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Director’s Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director of Title III Date