LSU HEALTH SCIENCES CENTER - NEW ORLEANS GRANTS TIME AND EFFORT CERTIFICATION TO

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NO LATER THAN 45 DAYS AFTER RECEIPT. THE APPOINTMENT WORKLOAD DISTRIBUTION IS THE PERCENTAGE OF TIME ASSIGNED TO EACH PROJECT ON THE EMPLOYEE'S PERSONNEL ACTION FORM FOR THE PERIOD COVERED. THE ACTUAL PERCENTAGE OF TIME IS YOUR ESTIMATE OF ACTUAL TIME EXPENDED. IF THE TIME ADDED SHOULD BE CHARGED TO THE PROJECT, PLEASE PREPARE A PER-3 TO MOVE THE EXPENDITURES.

PLEASE REVIEW THIS REPORT OF SALARIED PERSONNEL'S APPOINTMENT WORKLOAD DISTRIBUTION FOR THE PERIOD INDICATED AND RETURN TO OFFICE OF SPONSORED PROJECTS

100%

A) SPONSORED MEANS FUNDED BY AN OUTSIDE AGENCY. SPONSORED PROJECTS INCLUDE: PROJECTS WITH A FUND CODE OF 113 OR 114 AND PROJECT # BEGINNING WITH A 1 OR 4. IF THE TIME EXPENDED WAS COST SHARED, ADD TO THE COST SHARED SECTION

B) COLUMN 1 INCLUDES: SPONSORED PROJECTS WITH A PROGRAM #0 OR 7.

COLUMN 3 INCLUDES: SPONSORED PROJECTS WITH A PROGRAM #1. COLUMN 2 INCLUDES: SPONSORED PROJECTS WITH A PROGRAM #1.

97500

COLUMN 4 INCLUDES: SPONSORED PROJECTS WITH ANY OTHER PROGRAM #.

COLUMN 5 INCLUDES: NON SPONSORED HOSPITAL AND PATIENT CARE DUTIES WHICH ARE PART OF THE EMPLOYEES WORKLOAD ASSIGNMENT.

COLUMN 6 INCLUDES ADMINISTRATIVE DUTIES WHICH BENEFIT ALL FUNCTIONS

TIME EXPENDED FOR COST SHARING APPLIES TO SPONSORED: INSTRUCTION; TRAINING; RESEARCH; CLINICAL TRIALS; AND OTHER SPONSORED PROJECTS.
PLEASE DEDUCT THE APPROPRIATE PERCENTAGE FROM A NON SPONSORED PROJECT AND ADD THE SPONSORED PROJECT NUMBER AND PERCENTAGE IN THE APPROPRIATE COLUMN.

ESTIMATE OF THE EFFORT EXPENDED DURING THE PERIOD COVERED BY THIS REPORT. I CERTIFY THAT THIS DISTRIBUTION OF EFFORT REPRESENTS A REASONABLE

PRINT NAME

SIGNATURE OF EMPLOYEE OR HAND KNOWLEDGE OF WORK PERFORMED RESPONSIBLE OFFICIAL HAVING FIRST