



**OFFICE OF RESEARCH AND GRANTS**

**TIME AND EFFORT (PERSONNEL ACTIVITY) REPORT**

This document is aligned with [2 CFR 200.430\(i\)](#) and is to be completed on an after-the-fact basis for all funding sources and for all externally funded projects administered by the Office of Research and Grants (ORG). This form must be submitted to ORG at least on a quarterly basis, or as otherwise directed by ORG and signed by the individual or delegate with first-hand knowledge of the performance and distribution of effort presented. Complete the below fields and email this form, with appropriate supporting documentation, directly to [researchandgrants@lipscomb.edu](mailto:researchandgrants@lipscomb.edu). Charges for salaries and wages (including those authorized for cost sharing) must reasonably reflect all activities for which the employee is compensated by Lipscomb University, not exceeding 100% of compensated activities. In accordance with FLSA requirements ([29 CFR part 516](#)), charges for nonexempt employees must include the total number of hours worked daily.

Organization:	LIPSCOMB UNIVERSITY		
Employee Name:		Lipscomb ID:	
Period Beginning:		Period Ending:	
Total Hours and/or Percentage Worked During this Period:			

<b>FUND #</b> (Issued to PI by ORG)	<b>NOTES</b> (Brief detail of work provided for the externally funded program)	<b>CATEGORY</b> (Is this a Federal or Non-Federal award?)	<b>COST-SHARE</b> (Is labor utilized as a cost-share?)	<b>EFFORT</b> Certified Percentage*
<b>TOTAL</b>				

*\*Hourly employees should provide the total number of hours worked instead of percentages to comply with FLSA requirements.*

**CERTIFICATION (Signature and Date)**

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; Required certification from 2 CFR §200.415).”

Employee Certification: \_\_\_\_\_

Department Head \_\_\_\_\_

Dean/Manager/Supervisor: \_\_\_\_\_

Principal Investigator/Project Director: \_\_\_\_\_

Office of Research and Grants: \_\_\_\_\_