



MONTHLY TIME AND EFFORT REPORT

CAO-44A

(please print)

SECTION A. EMPLOYEE INFORMATION

Name: _____ Month Ending: _____
(Include Year)

Tech ID: _____ Department: _____

SECTION B. FULL-TIME EFFORT - FACULTY AND GRADUATE STUDENT HOURS

Record the percentage of effort given to each area under regular appointment.

Cost Center #	Effort
Instructional: _____	_____ %
Administration: _____	_____ %
Other: _____	_____ %
Total: (must be 100%)	_____ %

(Overtime hours should be listed in Section C.)

SECTION C. OVERTIME AND ADJUNCT

Record overtime and adjunct hours in this section.
 Do not record hours worked for regular appointment (listed above).

Cost Center #: _____ Project Title: _____

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

SECTION D. SIGNATURES

To the best of my knowledge, the above is a true statement of the percentage of effort given to each category.

Signature of Employee: _____ Date: _____

Grant Director/ Chair or Dean*: _____ Date: _____

** If the employee is the Grant Director, the department chair or college dean must sign.*