

GRANTS AND CONTRACTS EFFORT REPORTING

PGM:PP0157PL  
PERS623

FOR PERIOD

PAGE: 8

FROM 05-16-00 TO 08-15-00

COLLEGE/UNIT: STUDENT AFFAIRS

DEPARTMENT: 270 - OFFICE OF STUDENT LIFE

SOCIAL SECURITY NUMBER: 999-99-9999

Name: REDBIRD REGGIE C

UNIVERSITY APPOINTMENT INFORMATION

ACCOUNT	PERCENT	SALARY RATE	DATE BEGIN	DATE END
05-0270-0536	50	1717.00	05-16-00	06-30-00*
05-0270-0654	50	1717.00	07-01-00	08-15-00*

\*\*\*\*\*

UNIVERSITY EFFORT

FUND SOURCE	RESTRICTED ACCOUNT NUMBER	BEGIN DATE GRANT/CONTRACT	END DATE CONTRACT NAME	TYPE ACTIVITY	PCT OF EFFORT REPORTED	FOR STAFF
						RESPONSE PCT REVISED EFFORT
RESTRICTED	05-0270-0536 SAMPLE ACCOUNT I	05-16-00	06-30-00	ORG. RES-AGENCY	100	_____
RESTRICTED	05-0270-0654 SAMPLE ACCOUNT II	07-01-00	08-15-00	ORG. RES-AGENCY	100	_____

EACH GROUPING MUST TOTAL 100 PCT

THIS IS THE ACTIVITY OF THE ABOVE NAMED STAFF MEMBER(S) ACCORDING TO OUR RECORDS. IF THE ACTIVITY IS INCORRECT OR INCOMPLETE AS REPORTED, PLEASE MAKE ADDITIONS AND/OR CORRECTIONS ON THIS FORM, SIGN THE CERTIFICATION AND RETURN TO 1200 COMPROLLER'S OFFICE, 102 HOVEY HALL.

I CERTIFY (FOR PAGE NUMBERS 8 THROUGH 8 ) THAT THE STAFF MEMBER(S) ACTIVITY SHOWN FOR THE REPORTING PERIOD OF 05-16-00 TO 08-15-00 IS A REASONABLE ESTIMATE OF EFFORT.

\_\_\_\_\_  
DEAN/DEPT. HEAD

\_\_\_\_\_  
DATE