Louisiana Delta Community College

TIME AND EFFORT REPORT

Employee Name _____

Campus _____

Recipient Name Louisiana Delta Community College

Department Name _____ Program Year _____

Beginning Time Period _____ Ending Time Period _____

Source	Description of Activities	% of Time
TOTAL		

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). Time and Effort reports must be based on the employee's actual activities. Comprehensive back-up documentation should be maintained by the recipient for future monitoring. This certification of the Time Reporting satisfies the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.The signatures below certify that the employees performed the activities as stated above:

_____ _____

Signature of Employee Date

_____ _____

Signature of Supervisor Date