

**Office of Sponsored Programs**

1570 Baltimore Pike

Lincoln University, PA 19352

**484-365-7234** phone

**484-365-7691** fax

**Salary Time and Effort Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Fall □ Spring □ Summer □ | | | | Academic Year: | |  |
|  | | | | | | | | | | | | |
| Title: |  | | | | | | | | Student □ Staff □ Faculty □ | | | |
|  | | | | | | | | | | | | |
| Grant Name: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| PI Name: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Percent of Salary Paid From Grant: | | | | |  | | % |  | | | % Other Grant | |
|  | | | | | | | | | | | | |
| Name of Other Grant: | | | |  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Major Grant Work Performed** | **Percentage of Time %** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  | Period Total | % |

*I certify that the above information is correct*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | Date |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PI’s Signature: |  | Date |  | OSP Director’s Signature: | | Date |

Attention: This time and effort report must be completed, submitted and filed in the Office of Sponsored Programs no later than the close of each semester following the covered time frame.