

## EMPLOYEE EFFORT CERTIFICATION REPORT

Name:	Smith ID:			Department:	
	Reporting Period:		_		
INSTRUCTIONS: Fill in the % effort you performed for	the period for each of the four activ	ities in the far right	column. Your total effor	t must equal 100%.	
Name of Research Project	Funding Agency Grant No.	Smith College Fund No.	Principal Investigator? (Y/N)	% Salary Charged	% of Effort Reported
_1) Federally Sponsored Activities	(percentages should reflect all effo	rt expended on an	activity even if not paid	for by the grant)	
Curricular and Other Activities					
2) Instructional (i.e., teaching and	teaching-related activities)				
3) Administrative activities (e.g., o	department chair, faculty committee	member)			
4) Other activities (e.g., public ser	vice, non-federal sponsored research	n)			
				TOTAL	100%

<sup>\*\*</sup>Please return completed reports to the Controller's Office, College Hall 204\*\*