

Program Activity / Time & Effort Report Form

PROCEDURE

When the College agrees to accept the Terms and Conditions of a sponsored project, the Institution assumes significant legal and financial obligations. Therefore, it is imperative that the College foster a culture of fiduciary compliance for all sponsored projects (Policy 1.111).

The Office of Grants and Contracts (OGC) oversees and monitors all sponsored projects awarded to the College and interfaces with the applicable Principal Investigator (PI) (or Project Director [PD]), Vice President for Finance and Administration (VPFA), Budget Office, and Controller's Office to ensure award compliance (Policy 1.111).

Work completed on a sponsored project should be represented as the appropriate proportion of an individual's institutional base salary (IBS): A regular salaried employee should not earn more than 100% of their contracted IBS. The CFR 200 defines IBS as the annual compensation paid by the College for an individual's appointment whether that individual's time is spent on research, instruction, administration, or other activities.

Personnel who receive salary from, or cost-share to (aka match), sponsored projects are required to keep a record of their program activity / time and effort during the sponsored project (Policy 1.111). Program Activity / Time & Effort Certification should reflect all activities performed by the employee during the project period, including those which are paid for by the College (i.e., Institutional Duties).

LC State PI/PD's, or supervisors of PI/PD's, need to perform a semesterly review for personnel in order to reconcile any significant changes (i.e., 5% or more) from estimated vs. actual project effort (Federal Cost Accounting Standard 501). When actual effort on a sponsored project varies by 5% (or more) from the estimated effort, LC State labor cost distribution forms (see LC State Policy 3.124) will need to be updated prior to submission of a program activity report. Also, the effort adjustment may require prior written approval from the sponsor.

When the Program Activity / Time & Effort Report Form aligns with internal LC State labor cost distribution forms, and accurately represents an employee's effort, the form should be signed by the employee and their supervisor(s) and sent to the OGC. Completed Program Activity / Time & Effort Report Forms should be kept on file by the employee's supervisor. Please see Table 1 to identify the reporting frequency for each type of LC State employee.

Table 1: Reporting Frequency

Employment Type	Report Frequency
Professional	Each semester, or as arranged with the OGC or as required by sponsor.
Classified	Each semester, or as arranged with the OGC or as required by sponsor.
Irregular Help	Each semester, or as arranged with the OGC or as required by sponsor.

INSTRUCTIONS



Download this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will not work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.



Mandatory fields on this form are highlighted in '**RED**'.



Use the 'Save' icon to save this form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of the form.**



Institutional forms (e.g., a Personnel Action [PA] Form, Personnel Record Card [PRC], etc.) must be completed to initiate any action regarding payroll, such as a new hire, salary change, leave of absence or separation (Policy 3.124).



Use a **Digital Id Signature** when signing this form.



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Click the '**RED**' button to stop the routing of this document, and identify why you stopped the routing of this document.



Click the '**GREEN**' button to send this document to the next reviewer.

PROGRAM ACTIVITY REPORT

BASIC INFORMATION

1. Name:
2. Warrior ID:
3. LCSC e-mail:




REPORTING INFORMATION

4. Effort Reporting Dates:
 Start Date:
 End Date:

5. Please identify the effort reporting details for each 'institutional position/role' and 'sponsored project position/role' you have on campus (Institutional positions/roles should be identified first):

#	Classification: Role/Title	Grant/Project Tracking Information			Effort	
		Type	LC State Account	OGC Number	Planned	Actual
1	<i>PI/PD:</i>	<i>/ Title:</i>				
2	<i>PI/PD:</i>	<i>/ Title:</i>				
3	<i>PI/PD:</i>	<i>/ Title:</i>				
4	<i>PI/PD:</i>	<i>/ Title:</i>				
5	<i>PI/PD:</i>	<i>/ Title:</i>				
Total Amount of Estimated and Actual Effort (Each column must sum to 100%):						

Error Messages

-  Please do not skip lines when completing the effort matrix.
-  Please make sure that the total amount of estimated and actual effort each sum to 100% (i.e., total estimated effort should equal 100% and total actual effort should equal 100%).
-  Please review this person's labor cost distribution forms (e.g., Memorandum of Understanding / Agreement (MOU/A), Personnel Record Cards (PRC), etc.).

NOTE: When effort on a sponsored project varies by 5% (+/-) from the estimated effort, a Personnel Changes Form and other labor cost distribution forms (e.g., Memorandum of Understanding/Agreement (MOU/A), Personnel Record Cards (PRC), etc.) may need to be completed/updated prior to submitting this Program Activity Report (PAR).

REPORT DOCUMENTATION

- 6. With buyouts, stipends, student workers and other types of irregular help, please attach applicable supporting contractual/effort documentation (e.g., Memorandum of Understanding/Agreement (MOU/A), Personnel Record Cards (PRC), etc.).

- 7. Please verify that the actual effort values used to complete this report have been properly documented and will be available when requested.
 YES

ROUTING & APPROVALS

Is someone other than the PI or PD / Employee or Supervisor of the PI or PD / Employee preparing this form (e.g., administrative assistant, etc.)?
 NO
 YES

Employee: I certify that this report accurately reflects the total documented work hours compensated for the stated period, and that the work activities performed are allocable to the identified sponsored project(s).

PI/PD(s) & Supervisor(s): I certify that I have documented knowledge of this employee's attendance and total hours compensated for the stated period, and that the distribution of charges accurately reflects activity allocable to the sponsored project(s) terms and conditions/agreement.

Effort Review & Approvals

Signatory	LC State e-mail	Digital ID Signature	Action	
			Disapprove	Approve
Administrative Assistant:				
Employee:				
Approver				

GRANTS AND CONTRACTS OFFICE USE ONLY

Receipt

Date Received from Supervisor or PI/PD:

Received by:

Date Employee is Notified of Receipt:

File Name:

Notes