AMARILLO COLLEGE
Employee Time and Effort Report

_____, _____
(Month) (Year)

Employee Name: _____
Colleague ID: _____

GRANTS/CONTRACT
Please report the hours worked for each Grant/Contract. (Please use a separate line for each Grant/Contract.)

Grant/Contract Name	Hours Worked

INSTITUTIONAL (Non-Grant/Contract)
Please report the hours worked for each De partment. (Please use a sepa rate line fo r each Department.)

Department	Hours Worked

OTHER
Please report all paid hours for which you did not physically work. These are to include all hours for vacation, sick leave, holidays, jury duty, and etc.

Vacation	Sick Leave	Holiday	Jury Duty	Other

CERTIFICATIONS

I certify that the employee, stated above, performed the work as shown

EMPLOYEE: _____ **Date:** _____

SUPERVISOR: _____ **Date:** _____

PROJECT DIRECTOR: _____ **Date:** _____