**Mississippi University for Women**

Office of Sponsored Programs

Effort Report Form

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| In order to comply with OMB Circulars, university employees who have a percentage of their salary charged against a sponsored project must report their percent of effort against such project. This form represents the University’s responsibility to account for effort reporting. This form should be completed monthly by each faculty, staff or student whose salary is charged against a sponsored project. |
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| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Month Reported: |  | Year: |  |

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| Provide a breakdown of your responsibilities for the month. The total must equal **100%**. |
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|  |  |
| --- | --- |
| **Non Sponsored Projects:** |  |
|  |  |
| Teaching and Teaching Related Activities |  |
| Scholarly & Creative Activities |  |
| Administrative Activities |  |
| Service Activities |  |

**Sponsored Projects:** |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MUW Org # | Effort Against Project | Cost Share | Total per Project |
| Sponsored Project |  |  |  |  |
| Sponsored Project |  |  |  |  |
| Sponsored Project |  |  |  |  |
|  |  |  |  |  |
|  | **Total Monthly Effort:** |  |

Send the completed form to the Office of Sponsored Programs, W-Box 969, by the 5th of the month following the reported time period. For questions call the Office of Sponsored Programs at 662-329-7462. |
| I certify that the information provided above is correct. |

|  |  |  |
| --- | --- | --- |
| Employee Signature Date  |  | Confirming Signature\* Date  |
|  |  |  |
| \*The Principle Investigator must sign for all other employees on the project. The Department Chair or Immediate Supervisor must sign as the person confirming the Principle Investigator’s time. |