



TIME AND EFFORT ADJUSTMENT REQUEST

I. DISTRIBUTION

Employee ID

Employee Name

Pay Period Ending Date

Pay Period

II. ORIGINAL DISTRIBUTION

Cost Sharing

Cost Center

Percent

Total

REVISED DISTRIBUTION

Cost Sharing

Cost Center

Percent

Total

III. JUSTIFICATION

IV. CERTIFICATION (Please print, sign, obtain your supervisor's signature, and attach to original form to applicable timesheet/time and effort report)

I certify that the percentages of activity, as indicated, are correct representations to the best of my knowledge and belief.

Employee Signature

Date

I certify that the percentages of activity, as indicated, are correct representations to the best of my knowledge and belief. I further certify 1) that I have used suitable means of verification that the work was performed, or 2) that previous to my signature this certification has been signed by the employee.

Supervisor or Department Head Signature

Date

FORWARD TO THE COORDINATOR OF GRANT ACCOUNTING, BUSINESS AFFAIRS

Print Form