



### Time and Effort Certification Report

**Employee Name:** \_\_\_\_\_

**Month and Year:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_

**Fund/Org Code:** \_\_\_\_\_

Dates/Weeks Worked	Hours Worked	Grant-Related Work Completed

Total Hours Worked: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required for Project Directors only)

*Please complete this form monthly (by the 10th working day of the following month) and forward to Christine Murphy, Director of Accounting, at [cm11546@cabrini.edu](mailto:cm11546@cabrini.edu).*