Indiana State University Employee
Certification of Contributed Time and Effort

Employee Name: _____

Employee ID: _____

Employee Department: _____

Project Index: _____

Project Title: _____

_____

Period or month of Project Activities: _____

Project Duties/Accomplishments _____
(Please attach a separate sheet _____
if additional room is needed.) _____

Employee Base Salary for the Activity Period: _____

Employee Fringe Benefits for the Activity Period: _____
(OCG will fill out benefit information)

Employee's Base Salary Index for the Activity Period: _____

Employee % Project Effort: _____ %

Value of "Contributed" Project Effort: _____

Please indicate if this form is for: _____ Buyout _____ Cost Share

If this is a buyout of your time, was an adjunct faculty hired to replace your for this buyout? _____ Yes _____ No

Please provide the name of the adjunct faculty hired if applicable: _____

Employee Certification of Effort:

I certify that I provided the support indicated above.

_____ _____
Employee Name Date

Supervisor Certification of Effort:

As the supervisor of the above referenced employee, I certify that the above information is correct.

_____ _____
Supervisor Name Date

_____
Supervisor Title

Principal Investigator Review:

I acknowledge that the above person has contributed effort toward the project index noted above.

_____ _____
Principal Investigator Name/Title Date

Vice President Acknowledgement:

_____ _____
Vice President Date

PLEASE RETURN THE COMPLETED FORM TO GRANTS AND CONTRACTS.

Form revised 8/4/23 8/4/2023