

**TENNESSEE STATE UNIVERSITY
COLLEGE OF AGRICULTURE, HUMAN AND NATURAL SCIENCES**

Faculty Time and Effort Distribution Verification

Name _____ Department _____

Time period: ____ September 1 - December 31 ____ January 1 - April 30 ____ May 1 - August 31 Year _____

Account Number of Activity	Account Name	Activity Associated with Account	Percent Effort
Teaching		List name of courses taught	
External Grant		Brief statement of responsibilities/activities for this period.	
Formula Fund		Brief statement of responsibilities/activities for this period.	
Total Effort			

Employee Signature: _____

Department Head Signature: _____

Associate Dean Signature: _____