TENNESSEE STATE UNIVERSITY
COLLEGE OF AGRICULTURE, HUMAN AND NATURAL SCIENCES

Annual Non-Faculty Time and Effort Distribution Verification

Name _____ Department _____ October 1, _____ to September 30, _____

Account Number of Activity	Account Name	Activity Associated with Account	Percent Effort
Total Effort			0

Employee Signature: _____

Department Head Signature: _____

Associate Dean Signature: _____